

Women's Health & Surgical Services
Dr. John Gordon D.O.

I hereby agree and consent as follows: if my account becomes delinquent it will be placed with Prim & Mendheim, LLC for collection and subjection to the following terms regarding any outstanding balance that I owe: (1) I will incur interest at the rate of one and one-half percent per month (18%); (2) in addition to the outstanding balance, I will be responsible for reasonable collection costs, attorney fees, and costs of the court incurred in the collection of same, whether such outstanding balance is satisfied prior to or after initiation of a lawsuit, or after judgement has been entered in a lawsuit and (3) any lawsuit or legal proceeding resulting from the outstanding balance and debt shall be initiated and litigated in the court of appropriate jurisdiction of Houston County, Alabama, and I hereby waive any and all defenses and objections to said jurisdiction. By signing below, I affirmatively acknowledge that I have read the same before signing. Furthermore, I can be contacted regarding my balance on my cell phone and I hereby waive any and all state and federal personal property exemptions, wage exemptions and homestead exemptions of my state of residence and state of operation in the event of judgement, levy, or garnishment. Finally, if I reside in Florida, I hereby waive my rights to any exemption that would prohibit a wage garnishment should same become necessary to secure payment of any outstanding balance.

I have read and understand the terms of this policy statement.

Patient's Signature (Parent or Guardian)

Date

Signature of Insured if other than patient

Date