**MT AUBURN URGENT CARE**

**FINANCIAL AGREEMENT**

I acknowledge that payment is due at time of service. I agree that parents, guardians, or personal representatives are responsible for all fees and services rendered for treatment of a minor child.

I accept full responsibility for all charges and services provided to me, to my minor child, or to the patient for whom I have legal responsibility. I understand that filing a claim with my insurance company does not relieve me of my responsibility for the payment of all charges.

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Signature of patient, guardian, or legal representative Date

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Print name of patient, guardian or legal representative relationship to patient