

Toheed J. Kamal, M.D.
4401 Watermelon Road
Northport, AL 35473

AGREEMENT TO PAY

The Patient and Responsible Party listed below agree to pay all amounts and charges submitted by Dr. Toheed Kamal (referred to as physician) for services rendered by himself or any of his other employees or contractors, during the course of treatment for the Patient, including hospitalization, unless the physician or contractors, are otherwise obligated to accept payment solely from a third-party. The Patient and the Responsible Party understand and agree that they are financially responsible to the physician even though there may be insurance or third-party coverage and agree to pay all costs of collection, including a reasonable attorney's fee. The Patient and Responsible Party acknowledge their understanding that payment is due in full upon receipt of invoice statement. The Patient and the Responsible Party agree that their obligations to make payments are joint and severable and that the physician may pursue either or both parties for payment, and that they, and not any insurance company, are solely responsible for the entire bill, even though the cost of this medical care may exceed the amount reimbursed by third-party insurers of payers.

RESPONSIBILITY FOR NON-COVERED SERVICES

The Physician may determine that there are certain routine services that are necessary for the maintenance of good health and standard medical care that are not covered by your Blue Cross/PMD contract, other insurance contract, HMO or other third party insurance coverage. Charges not covered may include services rejected as not medically necessary, denied as non-covered services, and/or any annual deductibles or co-pays. Patients and Responsible Party agree to be fully responsible for all charges by the physician for such non-covered charges in the amounts set forth on the fee schedule, which is available upon request. The Physician will order only tests that are deemed medically necessary in the Physicians opinion and any questions regarding whether a certain service is covered by your carrier. Patient and Responsible Party acknowledge their understanding of this non-covered service policy of the Physician.