#   Wendy Carannante and Associates PLLC

Contract Footnotes

In consideration for the professional services rendered now and in the future, the undersigned hereby agrees to pay 18% interest per annum on all balances which are unpaid sixty (60) days after the services are rendered; plus, attorney fees which are hereby stipulated to be 33 1/3% of such outstanding balance whether suit is filed or not, plus court costs. If the undersigned fails to promptly pay for the services rendered the undersigned authorizes the release by or to any credit reporting agencies of personal credit information on the undersigned and further agrees to pay all costs of obtaining such credit information and or locating the undersigned as may be necessary. The undersigned understands that insurance claims may be billed by the provider as a courtesy, if the provider participated in the patient's insurance plan, and if the patient promptly furnishes the provider with all correct insurance information. The undersigned is fully responsible for all sums due whether or not insurance coverage is available. further understand that a fee may be applied to my account for changes with less than 24-hour notice or missed appointments. In the absence of prompt payment, the undersigned understands that medical, personal, and financial records concerning these professional services will be released the provider’s attorney for collections. The attorney will act as the provider's " Business Associate" in compliance with the federal "Health Insurance Portability and Accountability Act. I further understand that a $40.00 processing fee will be charged on all returned checks. I understand that I will be charged a fee if I request the duplication of my records to be picked up. 

also understand that there is a $35.00 fee for requesting the office to fill out any forms exceeding two pages. I also understand the above information is necessary to provide me with care in a safe and efficient manner. I have answered all question to the best of my knowledge.

We agree that it is wise to limit access to your Social Security number whenever possible. In medical practices however, your Social security number is an important and necessary identifier. It will only be used to protect your medical records and used only with strict confidentially. 1) Your Social Security number will not be used as the identification number for your account. 2) Your Social Security number will not be transmitted via mail or the internet to any insurance company other than those which require it to file a claim on your behalf. 3) Our office strictly adheres to all HIPPA (Health Insurance Protection and Accountability Act), and FDCP (Fair Debt Collection Practices) regulations, and the ECIP (Electronic Privacy Information) Privacy Act. 4) Your name and address or Social Security number will not be sold, given out, or made public unless specially required by law. If necessary, it will be given to our attorney for skip tracing and collection measures, if your account is not paid.

In the collection process an attorney would be considered a "Business Associate" of our practice and as such must comply with the federal "Fair Debt Collection Practice Act" and the "Health Insurance Portability and Accountability Act." You have the right to refuse to provide us with your Social Security number, but we reserve the right to refuse services to you if you do not provide us with your Social Security number.

Patient Name (Printed)

Responsible Party Name(Printed) (if different from patient name)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_