



ANNANDALE VA, RESTON VA, HAGERSTOWN MD, ROCKVILLE MD

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## PAYMENT AGREEMENT

Services to be performed are of the Medical nature; (therefore positive results can not be guaranteed). Payment is due and expected at the time of service. Payment can be made either by cash, check or credit card to: Pierre Asmar, MD, PC. T/A Washington Fertility Center, Annandale Surgical Center and Washington Reproductive Laboratories.

Washington Fertility Center will submit claims for payment, for services for these insurance companies with which the Center participates. By doing so, the Center makes no representations that any services performed will be covered by insurance. Patients are responsible for all deductibles, co-payments, and any services not covered by insurance.

In any case where the insurance company is not billed by the center, an itemized statement will be given to the patient for submission to the insurance company.

Verbal or written authorizations from an insurance company are NEVER a guarantee of payment. I understand that my insurance company may deny payment for any or all number of reason. I understand that just because Washington Fertility Center renders services, this does not guarantee that my insurance company will honor the claim and pay the bill.

I understand and agree that I am ultimately responsible for the balance on any account for any professional services rendered. I have read, understand and agree to all of the terms described in the Payment Agreement above.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Washington Fertility Center

\_\_\_\_\_  
County, State

\_\_\_\_\_  
Date