

# HUDSON DERMATOLOGY

## CONDITIONAL AGREEMENT

Patient Name: \_\_\_\_\_

**1. Treatment Consent:**

The patient consents to treatment with Neera Agarwal-Antal, M.D. Treatment may include medical treatment, surgical treatment, laboratory procedures, and/or pathology procedures.

**2. Release of Information:**

Physician may disclose all or any part of the patient's records to a person involved with: Social Security Administration, insurance or benefit payer, health care service plan, any billing company, collection agency, or attorney representing Neera Agarwal-Antal, M.D., Inc., family and/or friends directly involved in the patient's care, and any health care provider or institution involved in the patient's care.

**3. Financial Responsibilities:**

I understand that I am financially responsible for charges not covered by my third-party payers.

I agree to be financially responsible for all charges in accordance with the regular rates and terms. If payment of all charges is not made when due (at time of service), I agree to pay all costs of collection for all amounts due, including collection fees, attorney fees, and court costs. All delinquent accounts may accrue interest at the legal statutory rate.

**4. No show policy:**

It is the policy of Hudson Dermatology that if a patient does not show three times for their appointments, without calling to cancel, they are subject to dismissal from the practice. The patient will be notified via letter and will no longer be treated by our office. Please allow a 48 hour notice for cancellations. When scheduling consultations or procedures taking 30 minutes or more scheduling time, please ask the receptionist for the separate policies and procedures for such appointments.

I hereby acknowledge that I have read the agreement and, as the patient or the person authorized to sign on the patient's behalf to execute this document, accept the terms and conditions set forth.

\_\_\_\_\_  
Name of Patient (Please Print)

\_\_\_\_\_  
Signature of patient (or responsible party)

\_\_\_\_\_  
Date