



**WAYNESBORO FAMILY MEDICINE & OBSTETRICS**  
**A SERVICE OF WAYNE GENERAL HOSPITAL**  
**951 MATTHEW DRIVE STE A**  
**WAYNESBORO, MS 39367**  
**Ph. 601-735-2401 Fax 601-735-5205**



**Financial Agreement:**

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the amount of the hospital/clinic/physician in accordance with the regular rates and terms of the hospital/clinic/physician.

Patient must be currently paying on balances that are owed to hospital/clinic/physician. It is the patient's responsibility to check their accounts and/or bills to make sure that their bills are accurate. If patient is not paying on their account(s) then all services rendered at time of service will have to be paid at time of service.

Should the account be referred to an agency for collection, the undersigned shall pay reasonable attorney's fees and collection expenses.

If you feel that your bill is inaccurate, please feel free to call our clinic billing department at (601) 735-7193.

Guarantor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

MR#: \_\_\_\_\_

Date: \_\_\_\_\_