



## Financial Agreement

I, the undersigned patient, assign directly to Mid-South Perinatal Associates, PC, all benefits, otherwise payable to me for the services rendered. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions whether manual or electronic. I acknowledge that payment is due at the time of treatment. I accept full financial responsibility for all charges not covered by insurance. Certain tests may be ordered by the doctor(s) of Mid-South Perinatal Associates, PC. I agree to be financially responsible for these services should they be considered “non-covered” or not medically indicated by my insurance company.

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Signature

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Date

RICHARD K. WAGNER, MD, FACOG - NATHAN J. HOELDTKE, MD, FACOG  
BOARD CERTIFIED IN MATERNAL-FETAL MEDICINE

JACKSON-MADISON COUNTY GENERAL HOSPITAL  
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