

AGREEMENT TO PAY FOR MEDICAL SERVICES

I, the undersigned, am a member or subscriber ("Member") under a health insurance plan ("Health Plan"), or am a person legally responsible for the debts of such Member. I and/or Garber Forbess Rheumatology, a Health Plan network provider, have requested, or will during the course of treatment from time to time, that the Health Plan give its approval, authorization or certification for certain services rendered by Garber Forbess Rheumatology (the "Services").

Experience has shown that the Health Plan, for a variety of reasons may from time to time deny approval, authorization or certification of the Services. Among the reasons for such denial are limitations in the coverage under the Member's insurance plan, utilization review criteria of the Health Plan considering the Services to be elective and/or not medically necessary, among others. As a result, the Health Plan may, from time to time, not pay any benefits for the Services.

After discussing the matter with Garber Forbess Rheumatology, I have elected to have Garber Forbess Rheumatology render such Services at my own expense. I agree to pay the full amount of Garber Forbess Rheumatology's billed charges for the Services on an out-of-pocket basis. Also, I agree that Garber Forbess Rheumatology may bill and collect charges for the Services at Garber Forbess Rheumatology's own fee-for-service rates. Any Health Plan maximum that applies to medically necessary covered services will not apply and will not limit the amount that I may become obligated to pay for the Services.

I have read and understand this Agreement. By signing this Agreement, I know that I am creating a binding contract that is legally enforceable against me by Garber Forbess Rheumatology.

(Signed)

(Date this Agreement is Signed)

(Print Name of Person Signing)

(Patient if Other than Person Signing)