Responsible Party Signature Form

Date

RESPONSIBLE PARTY

The Responsible Party is the person who is FINANCIALLY responsible for the patient's account(s) and who will receive all account statements to their address. By signing, I understand that I am the responsible party and will adhere to the requirements outlined in the policies provided to me for the following patients as well as future patients registered in my name at Apex Allergy & Immunology.

Name of Responsible Party (PLEASE PRINT) | Date of Birth | Relation to Patient(s)

PATIENTS COVERED BY RESPONSIBLE PARTY

Child's Last Name	First Name	Date of Birth
Child's Last Name	First Name	Date of Birth
Child's Last Name	First Name	Date of Birth
Child's Last Name	First Name	Date of Birth
Child's Last Name	First Name	Date of Birth
Child's Last Name	First Name	Date of Birth

WAIVER OF LIABILITY

Responsible Party Initials

I understand that the treatment/service from the providers and physicians at Apex Allergy & Immunology for the patients listed above may not be a covered treatment/service or may not be covered at 100%. I agree to be personally and fully responsible for any balance due.

PAYMENT POLICY

Responsible Party Initials

Apex Allergy & Immunology is committed to providing the best treatment for our patients. Our pricing structures are representative of the usual and customary charges for our area. Thank you for adhering to our payment policy. Signing below indicates that you are the responsible party which means you are financially responsible for this patient and have read and understand the payment policy and agree to abide by its guidelines.

RESPONSIBLE PARTY ACKNOWLEDGEMENT

I understand that I am the responsible party for the patients listed above and future patients registered in my name at Apex Allergy & Immunology and I agree to the terms of the Waiver of Liability and Payment Policy. I have been given a copy for review and I am aware of the availability of these documents in the office at Apex Allergy and at www.apexallergysc.com.

Signature of Responsible Party | Date