



APEXALLERGY

## RESPONSIBLE PARTY FORM

### PATIENT INFORMATION

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Patient's First Name

Patient's Last Name

Date of Birth

### RESPONSIBLE PARTY

The Responsible Party is the person who is FINANCIALLY responsible for the patient's account and who will receive all account statements to their address. Patients 18 years of age and older are responsible for their own account and should sign as the Responsible Party.

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Responsible Party First Name

Responsible Party Last Name

Relationship to Patient

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Date of Birth

Social Security Number

Phone Number

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Address \*If different from patient's address

City

State

Zip Code

\*\*If the patient is a minor and you are a parent/guardian signing on behalf of the responsible party above, please provide your information below.

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First Name

Last Name

Relationship to Patient

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Date of Birth

Social Security Number

Phone Number

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Address \*If different from patient's address

City

State

Zip Code

### WAIVER OF LIABILITY

Responsible  
Party  
Initials

I understand that the treatment/service from the providers and physicians at Apex Allergy & Immunology for the patient 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.

By signing below, I understand that I am the responsible party for the patient listed above as well as future patients registered in my name at Apex Allergy & Immunology and I agree to the terms of the Waiver of Liability and Payment Policy provided to me.

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Signature of Responsible Party

Date