



# Silver Sage Center for Family Medicine

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1. I understand that if I do not pay my account with Silver Sage Center for Family Medicine in full, that my account may be assigned to a collection agency for collection.
2. I understand that if my account is assigned to a collection agency, that the collection agency will charge a commission or fee that may be as much as 35% of the amount I owe to Silver Sage Center for Family Medicine. I agree that if my account is assigned to a collection agency, that Silver Sage Center for Family Medicine may add the amount of the collection agency's commission or fee to the amount that I owe Silver Sage Center for Family Medicine, and I agree to pay that additional amount.
3. I understand that the addition of a collection agency's fee or commission to my unpaid balance may well result in my owing a sum substantially in excess of the amount owed for (medical/dental) services. I understand, for example, that if the unpaid balance that I owe to Silver Sage Center for Family Medicine is \$1000, that Silver Sage Center for Family Medicine may add up to \$350 to my account, and I agree to pay the sum of \$1350 in such event.
4. I understand and agree that in the event legal action is commenced to enforce my obligations hereunder, that I will pay court costs and reasonable attorney's fees.

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**Signature of Patient or Guarantor**

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**Date**

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**Printed Name**