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GUARENTEE AGREEMENT

I. Individual's Responsibility for Non-Covered Services

In consideration of services rendered by Nataloni Pediatrics, P.C. to the undersigned patient, the undersigned promise(s) to pay Nataloni Pediatrics, P.C. any co-payment, coinsurance or other charges required to be paid by my health insurance coverage. In addition, I promise to pay for all services that are not covered by my health insurance plan provided I am informed of same prior to the rendering of said services.

II. Assignment of Benefits Proceeds

I hereby assign to Nataloni Pediatrics, P.C all monies and/or benefits to which I am entitled from my insurer/HMO/third party payer, government agencies, or those who are financially liable for my medical care.

III. Authorization to Release Records

I hereby authorize Nataloni Pediatrics, P.C. to release to my insurer/HMO/third party payer, governmental agencies, or to whomever is financially responsible for my medical care, all information required to substantiate payment for such medical care, and, if required, for pre-certification/prior approval purposes.

It is, however, expressly understood that there will be no obligation of the undersigned to pay for any services covered by paragraph I above, which are not Medically Necessary or improperly billed.

IV. Release of Medical Records

Should I request a medical record release from Nataloni Pediatrics, P.C. to leave the practice for any reasons (other than a change of insurance that Nataloni Pediatrics, P.C. does not participate with), I will not be permitted to return to this practice at a later date

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Signature of Patient or Authorized Representative

Date

\_\_\_\_\_  
Witness Signature

Date

\_\_\_\_\_  
Signature of Authorized Representative  
of Nataloni Pediatrics, P.C.

Date

\_\_\_\_\_  
Witness Signature

Date