

CASH PAYMENT AGREEMENT

I, _____ understand and agree that The New Hope Center for Reproductive Medicine ("The New Hope Center") has, or may in the future, extend to me a "Cash Discount," or a "Discount Program," such as the C.A.R.E.S.© Program, that shall be offered only if all of the following conditions are true:

1. I must have no outstanding balances due for any prior dates of service, and
2. All my payments must be made in full; either by cash, check, money order, or *Visa or *MasterCard (*certain restrictions apply-see below), at the time of service and shall cover all services rendered on that date, and
3. Neither The New Hope Center, nor its staff, nor any of its agents, shall be required at any time, present or future, to complete or otherwise submit, any insurance filing or billing paperwork regarding such services paid for under this agreement.

I also understand and agree that:

1. In the event that my payment shall not clear the applicable financial institution, e.g. a check is returned for insufficient funds (the check "bounces"), that the offer of a Discount shall be deemed revoked, and that I will be personally responsible for payment of the full, non-discounted, amount, and
2. In the event that my payment shall not clear the applicable financial institution, e.g. a check is returned for insufficient funds (the check "bounces"), that I will be personally responsible for payment of a "bounced check penalty" equal to \$35.00 for each and every check or payment that fails to clear.
3. At the time of service, The New Hope Center, agrees to provide to me upon my request, an invoice or statement indicating the services rendered, the non-discounted charge for the services, the amount of my payment, and the amount of Discount extended, if applicable, on account of full cash payment.
4. In the event that, after receiving a cash discount or discount program under the above terms and conditions, I should later require additional billing, for the discounted services by The New Hope Center, its staff, or any of its agents, then the actual charges will revert to the full non-discounted fee in effect at that time, and I will be individually and personally responsible for payment in full of the non-discounted fee(s).
5. In the event that, after receiving a cash discount or discount program under the above terms and conditions, I request insurance paperwork be completed in order for me to file own claims to my insurance carrier, in an effort to receive payment to myself directly, for the discounted services by The New Hope Center, its staff, or any of its agents, then the actual charges will revert to the full non-discounted fee in effect at that time, and I will be individually and personally responsible for payment in full of the non-discounted fee(s).

I understand and agree that I am financially responsible for all services provided me by The New Hope Center. I agree to make payment, in full, at the time of service, for all fees associated with the services provided me by The New Hope Center, its staff, and/or its agents. I understand and agree that The New Hope Center will not file insurance claims for: any services that are not covered under my insurance plan or policy; to any insurance carrier they do not participate with; to any carrier for which I do not have a current plan/policy in effect. The reason for this agreement is:

The New Hope Center does not participate with my insurance carrier or plan.

My insurance carrier, plan, or policy, does not provide coverage for the services for which I am engaging in at The New Hope Center.

I do not have an active insurance policy or plan at this time.

Signed: _____

Date: _____