



FINANCIAL RESPONSIBILITY AGREEMENT

MEDICARE PRIMARY WITH NO SECONDARY INSURANCE

I, _____ understand that I do not have secondary coverage after

(Print Name)

Medicare and that I will be responsible for any secondary balances after Medicare pays their portion. Once I have met my deductible, Medicare will pay 80% of their allowed charges.

I am also responsible for charges that Medicare does not cover.

Print Name: _____ Date: _____

Signature: _____