

**AGREEMENT OF PAYMENT AND SERVICES RENDERED**

I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all cost of collections, (33.33%) attorney fees and/or court cost, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State. I hereby authorize Mulberry Medical, LLC to furnish information, including x-ray copies to insurance carriers, referring physicians concerning my illness and treatment.

I consent for Mulberry Medical, LLC to conduct routine office procedures, any diagnostic testing(s) (u/s, ekg, stress test, holter monitor, PFT, bone density) and all lab services (urine, DNA, blood, drug screening) that is necessary for the wellbeing of my health.

In order for us to service your account or to collect monies you may owe, Mulberry Medical, LLC and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing device as applicable. In the event, you are not able to keep your scheduled appointment and cancellation is not given within 24 hours, a service charge of \$25.00 will be applied to your account as well.

I/we have read this disclosure and agree that Mulberry Medical, LLC, its employees and/or agents may contact me/us as described above and I understand that I am responsible for any amount not covered by insurance company for myself or my dependents.

\_\_\_\_\_  
Patient Signature or Responsible Party

\_\_\_\_\_  
Date