



South Charlotte General & Vascular Surgery

10512 Park Rd.

Suite 111

Charlotte, NC 28210

P: 704-910-8380 F: 704-817-9980

James N. Antezana, M.D.

Professional Fees

I, _____, am aware that my insurance company may send me payments for services rendered by Dr. James Antezana.

I agree that when I receive any insurance payments for those services I will:

1. Sign/Endorse the check and I WILL NOT DEPOSIT or CASH it.
2. Under my signature, I will print the following: Make Payable Only to South Charlotte General & Vascular Surgery.
3. I will bring the check to the office within 3 days from receipt, or I will enclose the check with accompanying letters or forms such as the Explanation of Benefits, in an envelope and promptly send it to South Charlotte General & Vascular Surgery at the address on this letterhead.

I also understand that in the event that the check is not immediately sent to South Charlotte General & Vascular Surgery I will be responsible to pay the full and entire fee for all services rendered plus any additional collection fees and legal costs in connection with collecting this debt.

I will be provided a copy of this letter as a reminder as to what is required of me when I receive payment from my insurance company.

By signing below you are stating you understand the conditions of receiving treatment at South Charlotte General & Vascular Surgery and will comply with all the terms above or will be liable for all bills.

Date _____
Patient's Signature

Date _____
Witness' Signature