



Wayne W. Chang, M.D.
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CONTRACT

In consideration for the professional services rendered now and in the future, the undersigned hereby agrees to pay 18% interest per annum on all balances which are unpaid sixty (60) days after the services are rendered; plus attorney's fees which are hereby stipulated to be 33 1/3 % of such outstanding balance whether suit is filed or not; plus court costs. If the undersigned fails to promptly pay for the services rendered, the undersigned authorizes the release by or to any credit reporting agencies of personal credit information on the undersigned.

The undersigned understands that New Hope Psychiatry, PLLC does NOT participate with any insurance plan and it is the sole responsibility of the undersigned to call the insurance plan to determine the factors involved for potential reimbursement as well to submit the actual claim(s). The undersigned is responsible for all sums due whether or not the insurance plan reimburses for the professional services.

In the absence of prompt payment, the undersigned understands that medical, personal and financial records concerning these professional services will be released to the provider's attorney for collection. The attorney will act as the provider's "Business Associate" in compliance with the federal "Health Insurance Portability and Accountability Act", a copy of which was provided at the initial appointment.

I, the undersigned, certify that I am an active duty member of the
U.S. Armed Forces

am not an active duty member of the
U.S. Armed Forces.

____/____/____
Date

Signature of responsible party

Print name