

James G. Knight M.D.  
Board Certified Urologist

### **Cash Payment Agreement**

I, \_\_\_\_\_ understand and agree that Dr. James Knight has, or may in the future, extend to me a "Cash Discount" 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, or money order, at the time of service and shall cover all services rendered on that date, and
3. Neither Dr. Knight, nor his staff, nor any of his 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, Dr. James Knight 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 on account of full cash payment.
4. In the event that, after receiving a cash discount under the above terms and conditions, I should later require additional billing or insurance paperwork be completed regarding the discounted services by Dr. Knight, his staff, or any of his agents, then the actual charges will revert to the full non-discounted fee in effect at that time, and that I will be individually and personally responsible for payment in full of the new non-discounted fee.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_