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I hereby authorize and guarantee payment for all services rendered.

Although fees for services are due and payment expected at the time of services are rendered, if I have been given a grace period for payment of fees, I acknowledge that payment is due and expected at the time the billing statement is received.

In the event that my account becomes delinquent for more than 30 days, I also agree to pay a finance charge of 1.5% per month on any balance due, as well as a reasonable collection cost of \$13.25, and/or not to exceed 50% court cost attorney fees and interest fees accrued with collection of this account.

Responsible Party: Print _____

Signature: _____ Date _____