



Robert J. Kaplan
Twin Rivers Podiatry – Easton
1901 Hay Terrace
Easton, PA 18042
610-253-2251
Twinriverseaston.com

Patient Financial Responsibility Form

In the event that any unpaid balance is placed for collections with any 3rd party collection agency and/or with an attorney to obtain judgment or otherwise satisfy payments of the account, all collection fees will be added to the total amount due. This amount shall include any costs incurred directly or indirectly by the provider to collect amounts owned by under the agreement, costs included by not limited to, collection fees, attorney fees, court fees, sheriff fees, late fees, accrued fees, etc. These cost and fees reflect that actual costs incurred.

I understand the above terms and agree, on my own accord on these terms, as indicated by my signature below.

Patient/Grantor Signature: _____

Patient Name Printed: _____

Date: _____