

1. FINANCIAL AGREEMENT/GUARANTEE OF PAYMENT (All Patients)

In consideration of services, assignment of benefits and care rendered; I agree that I am responsible for any and all charges billed by **Mount Sinai Beth Israel and/or Mount Sinai Brooklyn** ("Mount Sinai") with respect to such services and care unless the contract between Mount Sinai and my insurance company provides otherwise and/or unless otherwise provided by law. In the event that the requested services are not specifically authorized by my insurance company, I agree to pay for all services as agreed upon, unless otherwise provided by law.

I authorize payment of medical benefits to which I am entitled directly to Mount Sinai, to cover the cost of the care and treatment rendered to myself or my dependents in the hospital.

Upon receipt of a Mount Sinai bill, I agree to immediately pay all amounts not covered by insurance unless otherwise provided by law. If any insurance I have rejects my claim or pays part of the claim, I shall be res

5. Patient Consent to the Release of Records for NYS External Appeal