SOUTHPOINT EYE CARE
CLIFFORD R. SEWARD, M.D.
5900 HILLANDALE DRIVE, SUITE 345
LITHONIA, GA. 30058
(678) 990-4480

PAYMENT GUARANTEE:

I understand that I am responsible for the payment of all charges incurred regardless of any insurance coverage available to me.

Additionally, I understand and agree to pay any and all collections cost and/or attorney's fees if any delinquent balance is placed with an agency or attorney for collection, suit, or other legal action. All outstanding balances will be subject to a finance charge equal to 1.5% monthly, as well as a monthly refiling charge of $10.00 a month.

Patient/Parent Signature:_____

Date:_____ **Witness:**_____