



James J. Lohse MD FAAFP CAQSM  
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## Financial Statement to Patients

I hereby authorize James J. Lohse MD and/or The Next Level Sports Medicine to furnish my insurance company any/all information, which said insurance company(s), may request.

I hereby assign James J. Lohse MD and/or The Next Level Sports Medicine all money to which I am entitled for Medical and/or Procedural expenses relative to the service rendered.

I understand that I am financially responsible to James J. Lohse MD and/or The Next Level Sports Medicine for charges NOT covered by this assignment, meaning services NOT covered by my insurance company.

I understand that if I cannot pay my balance in full, I can set up a payment plan or apply for Care Credit.

I agree to pay all collection costs, court costs and reasonable attorney fees if I fail to promptly pay this account when due and unpaid balance is turned to the collection service.

Please be aware that we review past due accounts frequently and at every statement cycle. Your communication and involvement to ensure your balance is paid timely is important to us. It is imperative that you maintain communications and fulfill your financial agreement and arrangements to keep your account active and in good standing.

If your account becomes sixty (60) days past due, further steps to collect this debt may be taken. If we have to refer your account to a collection agency, you agree to pay all of the collection costs, which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer fees, which we incur, plus all court costs. In case of suit, you agree the venue shall be Davidson County, Tennessee. In addition, we reserve the right to deny future non-emergency treatment for any and all debtor-related unpaid account balances.

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Patient/Guarantor Signature

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Date