

MEDICAL FINANCIAL CONSULTING  
P.O. Box 555  
Plainwell, MI 49080

Contract for Services

Date: \_\_\_\_\_

I \_\_\_\_\_ will pay MFC 20% of medical charges saved for Hospital Bill Audit Review.

Payment of above services, if applicable, will be paid to Medical Financial Consulting within 30 days of receiving the audit results.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ph #: \_\_\_\_\_

Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(A \$50.00 retainer fee is requested to be mailed to the above address, via check, which will be applied toward the savings cost of 20%. If no savings occurs, your \$50.00 will be reimbursed.)

MFC Consultant: \_\_\_\_\_

Date: \_\_\_\_\_