

# Premier Mortuary Services

## ACKNOWLEDGEMENT OF GENERAL PRICE LIST

I, (Payer Name) \_\_\_\_\_

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

I, (Payer Name) \_\_\_\_\_

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

Acknowledge that Payer(s) have read the price list and understand what all charges are for and accept the responsibility to pay them.

**Payment Responsibility.** Payment of all charges will be the responsibility of the Payer(s). Payer(s) shall make payment to Premier Mortuary Services for all services billed including disputed amounts.

Staff Witness: \_\_\_\_\_

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