

**EAST MS MEDICAL CLINIC, PLLC**  
**DR. Razee Ahmad**  
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Paying the medical visit fee at East MS Medical Clinic will cause me a financial hardship. Therefore, I agree to pay \$ \_\_\_\_\_ for today's visit.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date of Service