



Insurance Statement



Your insurance company will only pay for services that they determine to be medically necessary. As a patient you must understand that some or all services provided for your care might not be covered by your contract benefits. You, as a patient, are liable for all charges that your plan does not cover.

I have been notified by my physician that my insurance may not cover all the services provided for my care. If payment is denied for these services, I agree to be personally and fully responsible for payment.

Patient Name:

Signed:

Date: