

Patient Responsibility

Patients are responsible for having the proper referral at the time of appointment. If there is not a proper referral then the patient will be billed for any charges incurred as part of the visit.

Date: _____

I, _____, understand and agree to pay for the office visit if:

1. My deductible is not met.
2. My insurance coverage has lapsed or is no longer in effect.
3. For any other reason my insurance company refuses to cover office visit expenses.

Patient Signature: _____