



Financial Waiver of Responsibility

NOTE: If your Health Plan doesn't pay for the service below, you may have to pay.

You are receiving this notice because your insurance company may not pay for all of the services that you receive during your visit to our office.

Some health plans will only pay for healthcare services that are determined to be medically needed and are considered "covered services." Covered services are defined in a health plan's certificate of coverage or group medical agreement. Every enrolled plan member is given a copy of these documents.

Services that a physician may request that may not be considered "covered services" may include, but are not limited, to:

- Wellness physicals
- School, sports or work physicals
- Certain screening or diagnostic tests
- Certain immunizations
- Skin lesion removal or biopsy
- DEXA bone mass measurements
- Joint, trigger point, ligament, tendon injections
- Demonstration and or evaluation of patient use of nebulizer
- Incision & Drainage abscess
- Destruction of a benign lesion
- Nail avulsion
- Colonoscopy
- Other Item or Service: _____

If you have a question or concern about a procedure that may not be covered by your health plan, we encourage you to contact your insurance company directly.

I understand my health plan may not pay for these services. I agree to be personally and fully responsible for timely payment of the amount billed.

Patient Name (please print) DOB Date Time

Patient / Authorized Signature Date Time

If limited English proficient or hearing impaired offer interpreter at no additional cost:

- Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)