

INSURANCE INFORMATION

Patient Name

Relationship to patient/insured party

Patient birthdate

Patient SSN

Name of patients Insurance Company

Fees and co payments are set by insurance companies and can vary from patient to patient. The co payment and deductible must be paid prior to your treatment. As a courtesy to our patients, we will contact your insurance company to check that the procedure being performed is not restricted and to estimate the amount that will be covered by your insurance policy and the amount of your co pay. This is an estimation of probable costs and does not guarantee payment from your insurance company. AFTER 90 DAYS, ANY BALANCE WILL BE YOUR RESPONSIBILITY IF IT IS NOT PAID OR COVERED BY YOUR POLICY.

I have read and understand the policy stated above and agree to the terms and conditions stated therein.

Patient signature or responsible party

Date