

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 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 My Insurance Coverage has lapsed or is no longer in effect.*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: _____

Witness: _____