

1

Patient Responsibility

We will submit claims for services provided, to your insurance company. This does not guarantee that the claim will be paid by your carrier. Final determination is based on the claim submitted.

In the event a claim is denied by your insurance, the unpaid balance is your responsibility.

Patient Signature _____

Date _____

Privacy Practices Acknowledgement

Acknowledgement Form

I have read the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____

Signature _____

Date _____