

Dear Patient:

Our office does not participate with your insurance plan. As a courtesy to the patient, we submit the claim and accept what your insurance considers a usual and customary fee or “allowed” fee.

Please be advised that it is the patient’s responsibility to forward any payment received from their insurance company for services rendered by this office. We ask that you also include a copy of the explanation of benefits, so that we may make adjustments accordingly. The patient is responsible for any coinsurance and deductible that may apply. If payment and/ or explanation of benefits are not forwarded to our office upon receipt from your insurance company, a \$25 fee will be added to your service. We reserve the right to bill the patient the full charge for services, when payment received from the insurance company is not forwarded to our office with in a reasonable amount of time.

Please sign below to confirm that you have read and understand your responsibility as a patient with an insurance plan in which Atlantic Gynecologic Oncology, PC does not participate.

Patient Signature

Patient Name (print)

Witness

Date