

Patient Waiver for Non-Covered Services

This waiver is to inform you that you will have a “wellness exam” performed today in our offices. This exam will be coded and billed as a “wellness exam” only. It will be your responsibility to verify that your insurance covers this type of exam. It is important to know that the coding of this visit will not be altered once performed.

Please be aware that insurance may not pay for all of your healthcare costs. Some items and services are considered “non-covered benefits” under your health insurance plan and, your insurance may not pay for these services. By signing below you acknowledge that every billing effort will be made to your insurer for the reimbursement of a wellness exam. In the event that your insurance does not pay, then you agree to be responsible for the balance.

I acknowledge that I have been informed in advance of receiving these services, and that these services may not be covered by my health insurance plan. I have chosen to receive these services and understand that I will be financially responsible for the charges and any remaining balance, in the event my insurance company does not make payment.

Print Patient Name: _____

Patient Signature

Date