

## TO ALL PATIENTS WITH INSURANCE:

Concerning any insurance you may have, we are happy to file the necessary forms to insure that you receive the full benefits of your policy: however, we can make no guarantee of any estimated coverage. Since the insurance policy is an agreement between you and the insurance company, we ask that you be directly responsible for all of your charges.

I understand that I will be responsible for all charges relating to my treatment.

Signed: \_\_\_\_\_ Date:\_\_\_\_\_