

PLASTIC SURGICAL ASSOCIATES INC.
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HEALTH CARE WAIVER

As a courtesy to our patients, we submit claims to most insurance companies. However, we are not responsible for obtaining referrals or collecting payment. If you require a referral and we have not received it on or before the day of your visit, payment will be your responsibility.

I acknowledge that if my health insurer does not pay for or denies medical services rendered to me at this office, I will be responsible for payment.

Click or tap here to enter text.

Patient Name

Click or tap here to enter text.

Date

Click or tap here to enter text.

Electronic Signature