

## **INSURANCE WAIVER**

I, \_\_\_\_\_, understand that if for any reason my insurance denies or does not cover any or all of my services received at this practice, I will be personally responsible for payment. I also understand that this waiver is good for any and all visits with this practice now and in the future.

It is my responsibility as the patient to update this office of any insurance changes. I will provide the office with updated cards and information.

**It is your responsibility to know your insurance coverage.** Insurance companies have hundreds of policies, each one written to meet the needs of the individual employer. We cannot be responsible to know everyone's insurance policy and benefits. If you have questions in regard to your coverage, please call your insurance company's member services department for help.

We file insurance as a courtesy to you. We are not responsible for what the insurance company does or does not pay.

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Patient's Signature or Guarantor if Minor

Date

Thank you

Dr. Mehdi Sadeghi and Staff