



Patient Financial Responsibility Form

Out-of-Network Status

Please be advised that our office is **Out-of-Network** with your insurance plan. This means we do not have a contracted fee agreement with your insurance company.

You are ultimately responsible for all charges. If your insurance company pays less than expected, downgrades a procedure, or denies the claim for any reason, you will be billed for the remaining balance.

Patient Name (Printed): _____ Date: _____

Patient/Guardian Signature: _____