



*interventional
pain care*

POLICY OF FINANCIAL RESPONSIBILITY

As the patient, you must provide our office with current insurance information. If your insurance changes, you must notify us and provide us with your insurance cards. It is your responsibility to check with your insurance carrier to determine whether your visit or procedure will be covered. Any amount not covered by your insurance is your responsibility.

If you cannot make your scheduled appointment for an office visit or procedure, please notify our office 48 hours in advance. Missed appointments without prior notice, including appointments for which you are more than 15 minutes late, are subject to a fee and future appointments may not be scheduled. You are responsible for keeping your appointment and for paying any fees incurred by missing your appointments.

Signature Page Follows

Remainder of this page left intentionally blank



*interventional
pain care*

POLICY OF FINANCIAL RESPONSIBILITY SIGNATURE PAGE

I have read and I understand American Health Network's policy of Financial Responsibility.

Signature

Date

Printed Name

Witness