

## THIS PACKET IS TO BE FILLED OUT BY PATIENTS WITH

## "PRIVATE INSURANCE"

ALL PAGES MUST BE FILLED OUT COMPLETELY AND SIGNED AND DATED

- ✓ IF YOU DO NOT FILL OUT THE PAPERWORK AND PROVIDE YOUR "PROOF OF INCOME"
- ✓ YOU WILL RECEIVE A BILL FROM OUR FACILITY
  AS WELL AS THE DOCTOR 'S BILL.
- ✓ AFTER OR BEFORE YOUR INSURANCE HAS BEEN BILLED

FIF YOU CHOOSE NOT TO FILL OUT THE PAPERWORK OR PROVIDE PROOF OF INCOME, WE ASK THAT YOU SIGN BELOW

PLEASE SIGN HERE:		