



Pulmonary & Sleep Experts PLLC

Breathe Better. Sleep Deeper.

## INSURANCE WAIVER AGREEMENT

### PLEASE BE ADVISED:

It is your responsibility as a patient to alert the office staff prior to your scheduled appointment of **ANY** insurance changes; contract ID's, new insurance company, etc.

**Please note:** It is also your responsibility as a patient to check with your insurance company to determine whether a referral/authorization for your office visit or testing being performed in our clinic is indeed required to assure coverage for yourself by your insurance company. This is not the office staff's responsibility to determine for you.

Should a referral/authorization be required and are not obtained or any other charges not covered by insurance, the charges incurred will be the patient's responsibility.

We must emphasize that our relationship is with you and not your insurance carrier. Your insurance is a contract between you, your employer and your insurance carrier. We are not party to that contract. All charges are your responsibility from the date(s) of services rendered.

I have read and understand this policy and agree by signing below:

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_