



CHABOT FAMILY ASSOCIATES, INC.
 19845 LAKE CHABOT ROAD, #205 2324 SANTA RITA RD, SUITE 8
 CASTRO VALLEY, CA, 94546 PLEASANTON, CA, 94566
 PH: 510-582-6424 FAX: 510-582-6462

Additional Services offered during Physical Exam / Annual Wellness Visits

1. **Insurance companies cover only a limited service for a yearly Physical Exam / Wellness Visits** which depending on your insurance may be completely paid without any copay or co-insurance liabilities.
2. **Non-Covered, or Out of Plan Services** during a Physical Exam / Wellness Visit. If the physician decides that you need additional services, or you request for additional services during a Physical Exam /Wellness Visit. We will bill your insurance for the additional services, and you may be required to pay either a copay, co-insurance or deductible.
3. **CO-PAY and ANY Past Due Patient Amount** – I understand that Co-Pay and any past due patient amount are due at the time of the Visit.

By signing below, I certify I have read and understand the foregoing, have had the opportunity to ask questions and have them answered and accept the above conditions and terms and I agree to pay all charges for which I may be legally responsible including, but not limited to health insurance deductibles, co-payments, and non-covered. I also agree in the event my account must be placed with an attorney or collection agency to obtain payment, I will pay the reasonable attorneys' fees and other collection costs incurred by Chabot Family Associates. *I understand and agree this document will remain in effect for all future outpatient or physician office visits to Chabot Family Associates, unless specifically rescinded in writing by me.*

Patient / Parent or Guardian Signature: _____

Date: _____

Relationship to Patient: _____