

**FOR ALL PATIENTS**

PLEASE BE ADVISED THAT INSURANCE CARDS  
NEED TO BE TURNED IN TO THE FRONT OFFICE STAFF  
ANNUALLY. ALSO, IF THERE IS ANY CHANGE IN YOUR  
INSURANCE DURING THE YEAR PLEASE TURN IN NEW  
CARDS, **FAILURE TO DO SO, WILL RESULT IN**  
**CHARGES BEING YOUR RESPONSIBILITY.**

I UNDERSTAND THAT THERE WILL BE A \$30  
CHARGE FOR RETURNED CHECKS AND I WILL BE EXPECTED  
TO  
PROMPTLY REINBURSE THE PRACTICE FOR THE AMOUNT OF  
THE CHECK AND THE SERVICE CHARGE.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_