

MACON GYN-OB ASSOCIATES

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To Our Valued Patients,

If you receive services in our office for which insurance will be billed, you must sign this acknowledgement stating that you have no additional insurance coverage above and beyond this policy. Pursuant to the laws that authorize if we are not providers of your health insurance and this claim is denied, you will be responsible for the entire bill, including any labs that are in this visit.

By signing this document, you as the undersigned, agree to these conditions.

I, _____ do hear-by swear acknowledge this.

Date

Signature