



Wayson D. Gerwig, D.D.S.
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I understand that the procedure(s)/service(s) I am receiving may not be paid or covered by my insurance company. I agree to pay for all fees not paid by my insurance company. By signing this form I understand & accept full liability.

Listed below are *some* examples of reasons you will be responsible for the full amount, less any payments previously made. (These are only some of the reasons & not a complete list of denials or rejections)

- § Your insurance has paid its share of the claim
- § You have not met your deductible limit
- § Non-covered service
- § Insurance cancelled
- § Insurance has not received information requested from you
- § No contract with insurance company
- § Claim is over 90 days old with no action from insurance company
- § No copy of insurance card in our office

Patient Name (PRINT): _____

Signature of Responsible Party: _____

Date: _____