



Karen Taylor, MD, FACOG

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Financial Responsibility

I have chosen to receive services from Dr. Karen Taylor. I understand that Dr. Taylor does not take health care insurance. I am aware that I am responsible for the full cost of my visit at the time of my appointment. Dr. Taylor has a fee schedule to refer to in order to know in advance of my appointment the cost of my office visit. If additional procedures are noted to be required during the course of my visit, Dr. Taylor will discuss the fee with me in advance.

I am also aware that any outside services (labs, ultrasounds, mammograms, bone density scans, etc.) ordered by the physician are subject to out of network reimbursement depending on my individual plan according to my insurance carrier.

Dr. Taylor will provide me with a Super bill to submit to my insurance company for potential reimbursement to me. Reimbursements will vary, and not all insurance companies have out of network benefits. Dr. Taylor is an out of network provider.

Name (please print)

Date of Birth

Signature

Date

Name of responsible party (please print)

Signature (if different than patient)