



CHRISTOPHER W. SERRANO, M.D., P.A.

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BOARD CERTIFIED IN OBSTETRICS AND GYNECOLOGY

CONDITIONS OF WAIVER

I have been notified that if my Insurance company does not pay Dr. Christopher Serrano for any services provided by him for any of the reasons listed below, I am personally and fully responsible for any and all payment;

1. If I have a deductible;
2. If my insurance company says Dr. Serrano, the laboratory, hospital or surgical assistant is out of network;
3. If a procedure is not covered by my Insurance plan;
4. If a referral from my primary care physician (PCP) is required, but was not procured and payment is not received from my insurance company

I understand and agree to the payment conditions listed above. This agreement shall be effective for as long as I am a patient of Dr. Serrano's.

Patient Name (Please Print)

Patient Signature

Date

Witness Signature

Date