

Ryan R. Stevens, M.D., P.C.

Otolaryngology ~ Ear, Nose & Throat ~ Facial Plastics ~ Head & Neck Surgery

PATIENT RESPONSIBILITY DISCLAIMER FORM

I acknowledge that treatment is being rendered to me today by Dr. Ryan R. Stevens, and that the charges incurred may become my financial responsibility due to one or more of the following reasons:

- ▶ Insufficient billing information at time of visit
- ▶ No private insurance given at time of visit
- ▶ No valid referral at time of visit
- ▶ Procedure/surgery not authorized or covered by insurance
- ▶ Worker’s Compensation claim in deferred status
- ▶ Worker’s Compensation claim in denied status
- ▶ Self-pay (No private insurance)

Other_____

Print Name

Patient/Responsible Party Signature

Date

For Office Use Only

Witness

Date