



A New Life

OB/GYN of Broward

Experience Compassionate Care.

Jane E. Matos-Fraebel, M.D., F.A.C.O.G.

Certificate of Insurance Coverage

By this letter and signature, I acknowledge that my primary insurance company is

_____.

My secondary insurance company is _____.

I have informed Dr. Matos that this/these is/are my *only* insurance coverage(s).

If I fail to disclose that I have other insurance coverage, I may be responsible for my bill in full.

Signature: _____

Date: _____

Printed Name: _____

Witness: _____

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