Moss and Maiocco, MD, LLC

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Kenneth J. Maiocco, M.D. Jeremy E. Moss, M.D., Ph.D.

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I, _____ acknowledge and fully understand that while I have health insurance coverage, **I am ultimately responsible for any and all copayments, co-insurance share, deductibles, and all other cost share charges as deemed my responsibility in accordance with the legally binding contract between my insurance company and myself.**

Drs. Maiocco and Moss are contracted with my insurance company and are therefore **legally required** to bill for all services performed and to bill to me the portion that is determined to be patient responsibility by my chosen carrier.

Patient Name: _____

Patient/Guardian Signature: _____

Date: _____/_____/_____

Witness: _____

Date: _____/_____/_____