

Moss and Maiocco M.D., LLC

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SELF-PAY POLICY ACKNOWLEDGEMENT

Patient/Guardian name _____ does not have health insurance which covers office visits. We will try to accommodate you in a cost effective way. Our office visit fee is much lower than most offices; however, the fee does not cover laboratory testing or the cost of other more complicated procedures. Since medicine is not an exact science and we cannot guarantee that treatments will always work, we cannot refund your money in the event of treatment dissatisfaction or promise free future visits.

Please be aware that if you have state (Medicaid, Husky, etc.) or government aid insurance coverage, we cannot treat you as a self-pay patient as it is illegal for us to take money if you present your state card. If you attempt to do this, you will lose your insurance benefit upon government notification.

My signature acknowledges that I have read and understand the office policy regarding self-pay patients.

Signature: _____ Date: ____/____/____

Patient date of birth: ____/____/____

Witnessed by (office use only): _____

