

Dr. Douglas B. Dugard

7612 Old Poplar Pike
Germantown, TN 38138
901-755-7600

INSURANCE WAIVER

I, _____, understand that if for any reason my insurance denies or does not cover any or all of my services received at this practice, I will be personally responsible for payment. I also understand that this waiver is good for any and all visits with this practice now and in the future.

It is my responsibility as the patient and the insured to update this office of any insurance changes. I will provide the office with updated cards and information. This information is to help us with filing your claim with the correct insurance company.

It is your responsibility to know your insurance coverage. We cannot be responsible to know everyone's insurance policy and benefits. If you have questions in regard to your coverage, please call your insurance company's member services department for help.

Patient's Signature or Guarantor if Minor

Date

Thank you,

Management