

ATLANTIC COAST UROLOGY, PA

ADULT AND PEDIATRIC

UROLOGY AND GENITOURINARY SURGERY

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PATIENT REGISTRATION ADDENDUM

Due to the many HMO & PPO plans that this office participates in, I understand that it is my responsibility to inform Atlantic Coast Urology, PA and associates at each visit of any insurance coverage. If I fail to do so, I understand that I may be responsible for the charges.

I understand that it is my responsibility to bring a referral at the time of any visit when a referral is required and it is my responsibility to certify any hospital or emergency room admission. I understand that I am responsible for any co-insurance, co-pay or deductible due at the time of service. I am responsible for all charges that are not covered by my insurance carrier.

Patient

Signature: _____ Date: _____