

Lee Medical, PC
Bai O. Lee, MD
Mary L Barr, PA-C
Patricia Vincent, PA
41 Arch Street
Johnson City NY 13790
Phone: 607-729-2121 Fax: 607-798-7751

Patient Waiver/Consent and Agreement to Pay form

I, _____ understand that by signing this waiver, I am agreeing to pay for any non-covered services provided by Dr. Lee or associate.

Every billing effort will be made to obtain reimbursement of the services provided from my insurance carrier. In the event of a denial of payment by the insurance carrier, I agree to be responsible for the allowed amount of the charges or a remaining balance after insurance has paid in full.

I have read, understand and have a copy of the Waiver/Consent and Agreement to Pay form and accept all terms listed above.

Patient Signature

Date

Parent or Legal Guardian Signature

Date

Witness Signature

Date