



ADVANCE NOTICE BENEFICIARY AGREEMENT

Dear Patient,

Per our contract with your insurance company supplies may not be paid for. Should any supplies be issued to you, we will bill your insurance as a courtesy. Any balance portion that is denied by your insurance company will be applied to your patient balance.

BENEFICIARY AGREEMENT

My therapist has notified me that, in my case, insurance may deny payment for the supply/supplies issued. I hereby understand that if I receive any supplies that I will be personally and fully responsible for payment.

Patient Signature

Date

Patient's Printed Name