

Sunrise Medical, PC
3065 Southwestern Blvd. Suite 102
Orchard Park, NY 14127

PATIENT TREATMENT WAIVER

I, _____
(Print Name)

Understand that the physician I am seeing today **cannot verify my insurance coverage**, and therefore I am responsible for paying the bill if I continue with the visit today.

If there is a discrepancy with my insurance coverage through my employer or such, I understand it is my responsibility to resolve the problem and advise the Sunrise Medical billing office @ (716)362-3909 within 30 days so my claim can be submitted to my insurance co. within the allotted time frame. Otherwise I understand I will be responsible to pay the bill myself.

(Signature)

(Provider, please print)

(Date)

This form is valid only for the date indicated