BCD Health Partners

1 Garret Mountain Plaza, Suite 502
Woodland Park, NJ 07424

TEL: (201) 252-8700
FAX: (201) 252-8701

Waiver Form and Acknowledgement of Receipt of Policies

I acknowledge receipt of the Guide and have been informed of, and hereby attest that I fully understand, my financial responsibility for any balance resulting from non-covered services, or services not covered in-office, by my insurer. I agree to pay the allowed amount of the charge per my insurance company, in the event that my insurer does not pay for these services.

Further, I agree to pay the office fees set out in the Guide and comply with office policies.

Patient(s) Name [please list all in family] Date of Birth:

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Guarantor / Responsible Party's Name:

_____

Guarantor / Responsible Party's Signature:

_____

Date: _____ / _____ / _____