

Hawthorne Family Practice

Dr. Enas Tuppo
Family Practice
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To All Patients:

You should be aware of your benefits, coverage, and limitations of your insurance carrier:

Please sign the waiver below:

I hereby certify that I have been informed by the office staff that I am responsible for all fees not covered by my insurance carrier, including co-pays, co-insurance, and deductibles.

If my deductible has not been met at the time of service and there are charges pending, I am responsible for those charges.

Patient's Name

Signature

Date

Thank you,
Billing Dept.