

RAYMOND M. SEBALLOS, MD, INC.



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WAIVER LIABILITY & ADVANCED BENEFICIARY NOTICE AGREEMENT

One or more of the procedures or CPT codes listed below are requested by the physician, either separately or as part of a panel, profile or other group test group, for this patient with _____ coverage. Though your insurance company has determined that the procedure is medically necessary, it has not guaranteed payment for this procedure. Payment is subject to patient eligibility for benefits, pursuant to the terms of the contract at the time service(s) are rendered.

_____ may decide not to pay for the services and operative costs associated with it including but not limited to surgeon's fees, operating room cost, anesthesia fees, hospital stay costs, nursing costs, lab work, radiological services, pathology services, medications administered, and treatment for complications of the procedure performed. I understand that I will be responsible for payment of these charges.

Procedure(s): _____ CPT code: _____
_____ CPT code: _____
_____ CPT code: _____

I have been notified by my physician that in my case, _____ may deny payment for the services identified above. If _____ denies payment, I AGREE to be personally and fully responsible for payment.

Beneficiary's Signature

Date