

Katrina Vlachos, M.D.
Physical Medicine & Rehabilitation
Musculoskeletal Medicine

FEE/INSURANCE AGREEMENT

(Patients with Medicare as their primary insurance, please disregard)

Please be aware that Dr. Vlachos is not a contracted provider with your insurance carrier. We will submit a claim for services rendered to your insurance company. However, if payment by your carrier does not cover the overall fee, you will be responsible for your account balance to be paid in full to Dr. Vlachos. Should you receive a check from your insurance company, please deposit the check into your personal account and pay the doctor directly.

I understand that I have an insurance policy that allows me to use in-network and out-of-network benefits. At this time, I am choosing Dr. Katrina Vlachos as my physician. I am fully aware that I am choosing the **OUT OF NETWORK** benefit of my insurance policy. I understand that I may be responsible to pay a yearly deductible, co-payments, and any portion that is not covered by insurance company.

Fees for professional services rendered by Dr. Vlachos are your personal responsibility and not related to charges by any other medical offices. I authorize payment directly to Dr. Vlachos for medical benefits otherwise payable to me by reason of insurance.

Signature

Date

Print Name