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INSURANCE WAIVER

I accept responsibility for any and all charges which are not paid for by my health insurance whether because of

- “non-covered” services
- my failure to obtain clearance or preauthorization for a service
- my failure to complete the proper paperwork for reimbursement
- physician non-participation in given insurance plan
- lapsed insurance coverage
- provision of incorrect insurance information
- other unanticipated circumstances

NAME

DATE

WITNESS

DATE