| Additional details to any problems listed above or any condition not liste | d: | |
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| INSURANCE | | |
| | 10 | |
| I, the undersigned, certify that I (or my dependent) have insurance cover and assign directly to Dr | | |
| and assign directly to Dr | | |
| for services rendered. If understand that I am intancially responsible in hereby authorize the doctor to release all information necessary to sec | | |
| signature on all insurance submissions. | are the payment of earl | |
| signature on all insurance submissions. | | |
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| Responsible Party Signature | Relationship | Date |
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