

Dr. John Beiter
650 East Big Beaver Road, Suite A
Troy, MI, 48083

FINANCIAL POLICY

I, _____, understand that I am responsible for any and all charges for services rendered by Dr. John Beiter, including those not covered by Blue Cross/Blue Shield.

Please check one of the following:

_____ Blue Cross/Blue Shield may cover services with Dr. Beiter. I will make all co-payments (if applicable) at time of service and will be responsible for any remaining balances

_____ I will pay for services myself. (Please Note: If you choose this option, I cannot retroactively bill Blue Cross/Blue Shield.

I agree to the terms of this notice

Patient Signature

Date

Print Name

Birthdate