

# The Family Health Center

## PHYSICIAN NOTICE

Your insurance will only pay for services that it determines to be reasonable and necessary. If your insurance determines that a particular service is "not reasonable or necessary" under their program standards, your insurance may deny payment for that service.

We do not accept assignments from your insurance carrier for any Medications or Injections.

All Medications and Injections are the Patient's Responsibility, which includes, Pyridoxine, Vitamin B12 and B Complex, Terramycin, Penicillin, Cephazolin, Demerol, Talwin, Phenergan, Testosterone, Cortisone, Hepatitis B, Flu, Pneumonia, PPD, and Allergy injections.

## BENEFICIARY AGREEMENT

I have been notified that I am financially responsible for any procedure and/or balance not covered by my insurance as long as I am a patient of Dr. Tomas Friedrich.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_

Special Procedure (S): \_\_\_\_\_