

**TOTAL PATIENT CARE, L.L.C.**

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**NEW PATIENT WAIVER**

***THIS LETTER IS TO NOTIFY ALL NEW PATIENTS TO BE ESTABLISHED IN OUR OFFICE THAT IS MANDATORY TO HAVE A COMPLETE PHYSICAL. THIS WOULD ENTAIL COLLECTING MEDICAL HISTORY FROM PATIENTS, BLOOD WORK AND EKG. IT IS NECESSARY AT THE TIME OF YOUR OFFICE VISIT THAT YOU PRESENT YOUR INSURANCE CARD TO THE FRONT DESK ALONG WITH CO-PAYMENT DUE. IF YOU CANNOT PROVIDE US WITH THIS INFORMATION THEN YOU WILL BE RESPONSIBLE FOR SERVICES RENDERED. IT IS IN THE BEST INTEREST OF THE DOCTORS/NP TO HAVE THIS TESTING DONE SO WE CAN GIVE YOU THE BEST CARE NEEDED.***

***I HAVE BEEN NOTIFIED THAT IN MY CASE, MY INSURANCE COMPANY MIGHT DENY PAYMENT. IF THE INSURANCE COMPANY DENIES PAYMENT, I AGREE TO BE PERSONALLY RESPONSIBLE FOR THE PAYMENT. I UNDERSTAND THAT IF THE CLAIM IS DENIED, I WILL RECEIVE A BILL FOR THE SERVICES.***

***THANK YOU,***

***TOTAL PATIENT CARE, LLC***

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***Patient or Guardian***

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***Date***