Sylvia Zuniga-Barboni, M.D.
ADVANCED NEUROLOGY OF THE PALM BEACHES
Board Certified in Neurology
American Board of Electrodiagnostic Medicine

INSURANCE WAIVER

Dear Patient:

Please be advised that all services provided to you in our office will be billed to your insurance company if we are contracted with your plan. You may become the liable third party should your insurance company fail to pay us for the service.

Also, please be aware of what is covered and what is not covered under your specific insurance plan. **We may attempt to verify coverage but it is NOT a guarantee of benefits**. If there is a service that is not covered by your insurance company, you will be the liable party.

Due to the changing nature of the insurance markets, we are unable to verify if we are a participating provider with your insurance company. It will be left up to you to pre-verify that we participate with your insurance company or their networks. If we are not a participating provider with your insurance company, you will be responsible for the payment for the services provided to you.

I hereby acknowledge that I have read, accepted and understood the above insurance waiver for all the services provided to me.

_____ _____

Name of Patient Date

_____

Signature of Patient

3375 Burns Rd. Ste 203 ♦ Palm Beach Gardens FL 33410
561 626-1159 ♦ F. 561-275-7050