LMG LOUDOUN MEDICAL GROUP
Cancer & Infusion Center

19490 Sandridge Way | Suite 240 | Leesburg | VA | 20176
Phone: 703-656-9805
Mei-Hwa Firestone, MD ***Syed Salman Ali, MD***

Patient Responsibility for Payment Waiver

Name: _____ Date of Birth: _____

I understand that I am financially responsible for all services received on _____ because:

(Please Check One):

☐ I have not provided my insurance information. If insurance information and verification of my eligibility is provided within the time restrictions for filing claims to my insurance companies, my insurance will be billed. If my failure to provide insurance information today results in non-payment or reduced payment from my insurance carrier requiring pre-authorization, charges for these services may also become my financial responsibility.

☐ I have elected to visit a specialist and received specialty services without a referral from my primary care physician.

☐ I do not have insurance and agree to be financially responsible for services rendered today.

_____ _____

Patient Signature Date