



Jason C. Snibbe, MD
Neil S. Ghodadra, MD
Michael G. Hannon, MD
Jennifer R. Cabrera, PA-C

Insurance Liability Waiver

Pursuant to insurance guidelines, I have been informed that Snibbe Orthopedics is OUT-OF-NETWORK with Covered California insurance plans.

Although I have medical insurance coverage, the office visit and/or procedure I am going to receive may or may not be covered by my insurance policy and may be classified as “investigational and/or experimental” or not covered due to the medical practice being Out-of-Network. Under these cases, I will be financially liable for all charges for this office visit/procedure. Depending on my insurance coverage, I may have a deductible, co-insurance, and/or out-of-pocket maximum that I will be liable to pay prior to my visit/surgery date.

Having been fully informed of this possibility, I have the right to accept these conditions and proceed with the procedure and/or office visit or I have the option to decline treatment. If I am an Out-of-Network patient, I also understand that there may be an upfront payment that is required by Snibbe Orthopedics, such as co-pay.

I further understand that Snibbe Orthopedics will bill my insurance carrier as a courtesy for amounts above my deductible, co-insurance, and out-of-pocket maximum. However, if these are not paid by my insurance carrier, I am liable for all services provided to me.

Please check **one (1)** of the following boxes:

- I understand and **accept these conditions** and have decided to **proceed** with the office visit and/or procedure.

- I understand but **do not accept these conditions** and have decided **not to proceed** with the office visit and/or procedure.

Patient's Name (Please Print)

Patient's Signature

Date