



160 Pehle Avenue, Suite 302
Saddle Brook, NJ 07663

TEL: (201) 252-8700
FAX: (201) 252-8701

Waiver Form and Acknowledgement of Receipt of Policies

I acknowledge receipt of the Guide and have been informed of, and hereby attest that I fully understand, my financial responsibility for any balance resulting from non-covered services, or services not covered in-office, by my insurer. I agree to pay the allowed amount of the charge per my insurance company, in the event that my insurer does not pay for these services.

Further, I agree to pay the office fees set out in the Guide and comply with office policies.

Patient(s) Name [please list all in family]

Date of Birth:

Guarantor / Responsible Party's Name:

Guarantor / Responsible Party's Signature:

Date: ____ / ____ / ____