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Patient Financial Agreement Form:

I consent that I am responsible for any and all charges assigned to me by my insurance company including, but not limited to, yearly deductibles, co-insurances, co-pays, non-plan coverage, etc.

Certain insurance companies and/or policies may not approve some procedures including but not limited to ultrasound guided foam sclerotherapy for actual varicose veins and follow up ultrasound exams after vein surgeries that are medically necessary by the standards of American College of Phlebology. These services, if not covered by your insurance plan will become your financial responsibility.

Patient Name _____

Patient Signature _____

Date _____