



## INSURANCE ACKNOWLEDGEMENT

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

Physician: CELINA M. NADELMAN, MD

Please be aware that Dr. Nadelman may not be a contracted provider with your insurance. However, we will submit a claim for services rendered in our office to your insurance plan as a courtesy to our patients. Even though we may not participate in your insurance plan, it is usually possible to work out an acceptable financial arrangement. It is the responsibility of you, the patient, to pay the co-pay or balance for services rendered, within a reasonable time.

Please feel free to contact our billing service, GGB Medical Management Services at (818) 718-9500 to discuss these arrangements.

I have read and understand this information.

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Patient's signature