

CALVARY MEDICAL CLINIC

NOTICE OF FINANCIAL RESPONSIBILITY

WE WERE UNABLE TO VERIFY YOUR INSURANCE COVERAGE TODAY AS THE INSURANCE OFFICE WAS CLOSED. WE WILL ATTEMPT TO VERIFY YOUR COVERAGE ON THE NEXT BUSINESS DAY. IF FOR ANY REASON THE INFORMATION YOU PROVIDED FOR VERIFICATION IS INCORRECT OR THERE IS NO CURRENT INSURANCE COVERAGE, YOU WILL BE HELD RESPONSIBLE FOR ALL CHARGES INCURRED TODAY.

THANK YOU,
CALVARY MEDICAL CLINIC

PATIENT:

NAME: _____ DOB

____/____/____

SIGNATURE: _____ DATE

____/____/____

CLINIC REPRESENTATIVE:

PRINTED NAME:

SIGNATURE: _____ **DATE**

____/____/____