

Faerber Surgical Arts
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Telephone, Both Locations: 913-469-8895

Insured Patients

PLEASE READ THIS CAREFULLY

- By my signature below, I acknowledge that I understand that the amount quoted as my portion (the portion of my bill that insurance does not pay) was based on telephone or website verification with my insurance company only.
- I understand that my insurance company does **NOT** view this telephone correspondence as a promise to pay, and thus quoted benefits are an **ESTIMATE ONLY**. This means that once the insurance company pays the claim, I may have a refund coming, or I may owe additional fees.
- I understand that insurance companies sometimes say one thing on the phone and in actuality pay the claim much differently.
- I understand that I am responsible for any amount not paid by my insurance company, regardless of the estimate I receive as to my portion of the bill.
- I also acknowledge by my signature below that I have been given the opportunity to ask questions of my doctor's staff concerning billing, and I have had/will have the opportunity to call my own insurance company regarding payment of this claim.

Signature of Financially Responsible Party*

Date

*Must be signed by either the insured or his/her spouse.