

Dr. Lawrence Layman

Dr. Adelina Emmi

Dr. Daksha Chudgar

REPRODUCTIVE MEDICINE & INFERTILITY ASSOCIATES

Please be aware that effective Sept. 1, 2003, all non-covered fees (including copays, co-insurances, deductibles, and non-covered services) will be required at the time of service. Verification of your benefits will be done at the time of your visit. If requested, you will be provided a copy of this verification. Treatments or procedures that are not a covered service will not be filed with your insurance company. Payment for these procedures will be due at the time of service. Any remaining balance due on your account prior to this notice must be paid in full for treatment to continue.

We appreciate our patients and apologize for any inconvenience, but hope you understand this policy is necessary to allow our office to provide you with the best care possible.

Signature of Patient

Date