



CORNERTSTONE PLASTIC SURGERY

BY FREDERICK A. COVILLE, MD

INSURANCE PAYMENT

I hereby acknowledge and understand that if my visit with Dr. Frederick A. Coville, MD, PC, is medical in nature that my insurance will be billed for the visit, including the initial consultation and any copays due. If any medical insurance (i.e., HORIZON) payments are sent to me directly for services rendered by Cornerstone Plastic Surgery and Dr. Frederick A. Coville, **they must be turned over to Cornerstone Plastic Surgery and Dr. Frederick A. Coville.**

The payment will be applied towards the charges I have incurred for the medical service I received at Cornerstone Plastic Surgery. If any deductibles have not been met, I may be balanced billed for a discounted amount than what was billed to insurance. If you have any questions regarding this matter, please feel free to contact us at 609-957-5652.

Thank you.

By signing below, I confirm that I understand this consent form.

Print name:

Signature of patient/parent/guardian:

Date:

Signature of Doctor/Health Professional/Staff:

Date