

Akron Digestive Disease Consultants, Inc.

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Board-Certified in Gastroenterology

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Eligibility Waiver

Medical services will be provided to you with the understanding that:

You have chosen to receive these services which may not be covered by your Health Insurance Plan:

Because you are receiving services out of your plans network.

Or

Because you are receiving services which are not covered by your plan.

Or

Because of reasons specific to your insurance plan.

Beneficiary Agreement:

I have been notified by Akron Digestive Disease Consultants, Inc. that, in my case my Health Insurance Company may deny payment for the services to which I have agreed. If denied, I agree to be personally and fully responsible for payment.

Medical Service _____

Patient's Name _____

Signature _____

Date _____