

**ACKNOWLEDGEMENT STATEMENT**

I understand that the services I receive from South Shore Cosmetic Surgeons may not be covered under my insurance plan. I understand that my insurance company determines the medical necessity of the services that I request and receive. I am also responsible for the deductibles, co-pays, non-covered services and items considered not “medically necessary” by my insurance company. I understand that I must inform this office of any change in insurance coverage before services are rendered. Failure to inform the office will result in me being responsible for all fees for the services rendered. I understand that if my plan requires a referral, it is my responsibility to contact South Shore Cosmetic Surgeons at least 48 hours prior to the specialist appointment for non-urgent visits.

If you do not have any medical health insurance you will be responsible for services rendered in its entirety payable at the time of visit.

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Signature of Patient or Legal Guardian

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Date