

ROCKLAND ENDOCRINE AND DIABETES SERVICES

FINANCIAL RELEASE FORM

1. PLEASE NOTE THAT REFERRALS MUST BE PRESENTED TO THE FRONT DESK AT THE TIME OF YOUR VISIT.
2. BY YOUR SIGNATURE BELOW YOU ARE ACKNOWLEDGING THAT IF YOUR INSURANCE DOES NOT COVER YOUR OFFICE VISIT, OR IF YOUR REFERRAL IS NOT UP-TO-DATE, FOR THIS VISIT OR ANY VISIT IN THE FUTURE, YOU ARE RESPONSIBLE FOR FULL PAYMENT.

SIGNATURE

DATE