



Insurance Status Form

Please Print Clearly in Black Ink

Due to contractual agreements and filing deadlines with insurance carriers, I understand that Multi-Specialty HealthCare will bill my private health insurance. I also understand this is done as a service to protect me as their patient and consumer.

_____ I do not have any private health insurance.

_____ I have been informed that Multi-Specialty HealthCare does not participate with my private health insurance plan _____ and, therefore, I understand that Multi-Specialty HealthCare is not bound by the contractual obligations of my HMO or PPO.

Patient Signature

Printed Name

Employee Signature

Date