

Services Waiver Agreement

At **Lancaster Medical**, we strive to make healthcare costs as affordable as possible. We have and will continue to provide many services at no charge to our patients, such as text or email messaging for routine communications, after-hours physician telephone availability, completing simple forms and absence notes.

Patient should be aware that during a complete physical exam, non-preventive services (such as a new diagnosis) may trigger a co-pay or deductible from their insurance company.

Patient should be aware that cosmetic services and most travel vaccines are not a covered benefit by insurance companies. In addition, many insurance companies will not cover health expenses in the setting of 3rd party liability (for example, automobile accidents). Sometimes in the course of the routine medical treatment however, a typically insurance-covered benefit may be denied by one's insurance. These denials could be related to exclusions on one's policy or exclusion due to limitation of frequency of testing. It is beyond our capabilities to determine if a patient's insurance will not provide coverage for such items and services in the course of daily business. We expect our patients to determine if such services are covered or excluded before they receive them. Occasionally a service may be denied due to billing errors on our part. We will always resubmit to insurance a billed item if you feel it may have been billed incorrectly.

Such items and services which may be non-covered:

- 1) **Routine Physical Examination including PAP smears**
- 2) **Laboratory testing for pregnancy, strep throat, rapid flu test and testing for sexually transmitted diseases**
- 3) **Office testing including EKG, Spirometry, etc.**
- 4) **Office procedures such as Tag and wart removal**
- 5) **Vaccinations such as Tetanus (Adacel), Influenza, Hepatitis A and B, Shingles (Zostavax)**

We expect our patients to pay for such item which may be denied by your insurance company. In signing this agreement, you agree to pay for such services.

I agree to pay for such non-covered services as listed above:

X _____

Date: _____