

**JEFFERSON PRIMARY CARE**  
121 W. 3rd Avenue  
Ranson, WV 25438

NON-PAR WAIVER

I am aware that (Company/Physician) \_\_\_\_\_  
does not participate with my insurance plan. I realize that these  
services will not be billed to or paid by my insurance company and  
I accept the financial responsibility for all balances due at the time  
of service.

Patient name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
Signature (Patient, Parent or Guardian)

\_\_\_\_\_  
Date

Employee Initials \_\_\_\_\_