

JEFFERSON PRIMARY CARE

**121 W. 3rd Avenue
Ranson, WV 25438**

INSURANCE WAIVER

I am being seen today by Jefferson Primary Care , without presenting appropriate or complete insurance identification or information. I realize that these services cannot be billed to or paid by my insurance company without the verification of my insurance card and I do accept the financial responsibility for all balances due at the time of service.

Patient name: _____ Date of Birth: _____

Signature (Patient, Parent or Guardian) Date

Employee Initials _____