



PATIENT WAIVERS

PLEASE INITIAL NEXT TO EACH PARAGRAPH

_____ **IMPORTANT INFORMATION ON PREVENTIVE CARE BENEFITS.**

Due to insurance regulations, all physicals, well-women exams and well-child exams are considered preventive care visits. Most insurance companies cover 100% of one preventative care visit per year, however Kellum Medical Group will not be responsible for any exclusions to your individual plan. Please check with your pan administrator with any questions or concerns. The visits cover general check-ups, routine cancer screenings, immunizations, counseling on diet and exercise, child development, and vitamin supplements. Unfortunately, insurance companies will not cover non-preventative care issues raised during a preventative care visit.

_____ **LAB DRAW CONSENT**

Kellum Medical Group cannot guarantee nor do we obtain prior authorization for any blood draws/specimen handling or processing. It is the patient’s responsibility to know what labs or tests are covered by their insurance. If you have any questions regarding your coverage for blood draws and lab processing, please call your insurance prior to your appointment to verify that it is a covered service under your plan. Self-pay patients must be aware that the fee for labs drawn will be collected at the time of the draw.

_____ **CLIENT ACKNOWLEDGEMENT STATEMENT (Waiver)**

I _____ understand that, in the opinion of Kellum Medical Group, the services or items that I have requested or that have been provided to me may not be covered under my health plan benefits as reasonable and medically necessary for my care.
I understand that my health plan determines the medical necessity of the services or items that I request and receive. **I also understand that I am responsible for the payment of the services or items I receive if these services are determined not to be reasonable and medically necessary for my care.** I understand that this waiver of acknowledgement is effective on all date of services rendered of date signed and not to exceed 12 months.

I have read and understand the policies set forth by Kellum Medical Group.

Patient or Parent Signature

Date