LAKE GROVE ENT

EAR NOSE & THROAT

**LAKE GROVE ENT, P.C.**

MAUREEN MULCAHY, MD • ROBERT FURMAN, MD • MICHELLE VESSELY, MD • CAROLINE YANG, MD
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# PROFESSIONAL PROVIDER PATIENT DISCLAIMER

The following services may or may not be covered under your Insurance Plan.

*Allergy Testing*

I, ______________________________________________ understand that allergy testing, may or may not be
Patient name

covered for payment by my Insurance Plan. If my dependant or I choose to obtain allergy testing on this date, I agree to be personally responsible for paying the charges.

The estimated amount that I may be responsible for after insurance has paid may be $300.00 not to exceed $725.00.

______________________________ Patient/Guardian Signature    ______________________ Date

______________________________ Witness Signature    ______________________ Date

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