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## **ADVANCE NOTICE BENEFICIARY AGREEMENT**

Dear Patient,

Per our contract with your insurance company supplies may not be paid for. Should any supplies be issued to you, we will bill your insurance as a courtesy. Any balance portion that is denied by your insurance company will be applied to your patient balance.

### **BENEFICIARY AGREEMENT**

My therapist has notified me that, in my case, insurance may deny payment for the supply/supplies issued. I hereby understand that if I receive any supplies that I will be personally and fully responsible for payment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Printed Name