Orthopaedic Medicine & Surgery Louis E. Levitt, MD Marc B. Danziger, MD Mark J. Scheer, MD PRACTICE LIMITED TO ORTHOPAEDIC SURGERY & MEDICINE 1850 M. Street NW • Suite 750 • Washington, DC 20036 • 202-835-2222

PATIENT AGREEMENT FOR PAYMENT OF NON-COVERED SERVICE

I, the undersigned, understand that certain services may not be a benefit covered by my health plan. I agree to be financially responsible for payment for this service provided to me or my dependent by the office of Orthopaedic Medicine and Surgery.

Patient Name- Print

Date

Patient/Guardian Signature

Insurance Plan