



128 West 12th Street, Suite 301
Erie, PA 16501

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY FOR NON-COVERED SERVICES

I have presented for my scheduled appointment today with Nicholas Sala, D.O. or Wesley Cox, O.D. and acknowledging that these services will be my financial responsibility due to one of the following reasons:

(Please choose from below)

- No Insurance Referral
- No Insurance Authorization
- Out of Network Insurance
- Non-Covered Service under my current medical insurance

Because I want to keep this appointment, I am asking Pediatric Ophthalmology of Erie to proceed with the scheduled appointment or procedure.

I understand that I am financially responsible for these services.

Insurance Company: _____

Member/Patient Name: _____

Member/Patient/Guardian Signature _____

Date: _____ Witness: _____

Total Fee \$ _____