

Liza York, Ph.D., PLLC

Licensed Psychologist

16 Mountain View Ave #103

Longmont, CO 80501

Office/VM: (303) 875-4158

Financial Disclosure for Non-Medicare Patients

As a contracted provider with my insurance company, which is _____ at the present time, Liza York, PhD has agreed to file a claim for services rendered. Moreover, I understand that some or all of the services which are to be provided may not be deemed "covered" services under my particular plan. I will be responsible to pay Liza York, PhD for any co-payment as instructed by my insurance company, and unsatisfied deductible or termination of coverage, any amount considered non-covered by my insurance company. Should my insurance company or any benefit provided by that insurance company change, I will immediately notify Liza York, PhD of that change.

In addition, I am aware that said co-payment, unsatisfied deductible and 100% deemed my responsibility for all physician charges should the above criteria not be met.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION PROVIDED TO ME AND AGREE TO BE FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED BY LIZA YORK, PHD.

Patient's Name

Signature

Subscriber's Name

Signature

Witness

Date