



301 Florence Avenue
Statesboro, GA 30458
(912) 489-6422

2066 Watson Blvd., Ste. 406
Warner Robiwns, GA 31093
(478) 599-9992

1905 B North Columbia St.
Milledgeville, GA 31061
(478) 599-9992

3321 Northside Drive
Macon, GA 31201
(478) 599-9992

Patient: _____

Person Insured: _____

I, _____, have released to you all the insurance information that the patient has listed above has. I understand that insurance is filed as a courtesy to me and I have no other insurance coverage. I will be responsible for any balance insurance does not pay and will be willing to set up payment arrangements. I have read and fully understand all the information above.

Patient/Guardian Signature

Date

Witness Signature

Date