

# Baz Allergy, Asthma & Sinus Center

## Insurance Benefits

As a courtesy, we have verified your Insurance coverage and benefit information with your Insurance Company.

Baz Allergy, Asthma & Sinus Center is not responsible if incorrect benefit information is given to us by your insurance carrier, or any changes in coverage after the date of verification.

**It is ultimately your responsibility to know your benefits and coverage. It is recommended you call your insurance company to verify any benefits quoted.**

In the event of non-payment by your insurance company any accrued charges are your responsibility.

Patient Name: \_\_\_\_\_  
(Please print)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If patient is under 18 parent or guardian must sign)