



3813 22nd St., Suite E  
Lubbock, TX 79410  
806-792-8922

Dr. Bachar Al-Alami, MD PA  
Pediatric and Adolescent Medicine

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Acct#: \_\_\_\_\_

## INSURANCE WAIVER ACKNOWLEDGEMENT

Dear Patient,

Due to the rising cost of healthcare and the minimum reimbursement from insurance companies, you will be responsible for the charges that are not covered by your insurance company. Some charges are considered, but at less than the doctor's cost, therefore, you will be responsible for the difference, all other charges not payable will be charged in full. These charges are payable at the time of service. Please sign below that you acknowledge and accept this waiver and responsibility.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date