

**Kimberly A. Pummill, M.D.
Grand Blanc Plastic Surgery**

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Statement of Financial Responsibility

Dr. Pummill participates with Medicare, Worker's compensation and some other insurance programs. However, Dr. Pummill does not participate with every insurance program, and may not participate with yours. Some insurance programs require that you only see certain physicians and will allow payment of non-approved physicians only with specific written permission from the insurance program. In addition, coverage varies among insurance programs. I understand that I am responsible for submitting claims to insurance programs which Dr. Pummill does not participate with for any non-surgical service (i.e. office visits, x-rays, etc.) provided to me by Dr. Pummill. As a courtesy, Dr. Pummill will submit claims for payment for surgical procedures to your insurance programs, even if Dr. Pummill does not participate with that program. If my insurance company pays me directly for such claims, I agree to immediately endorse the check and remit it directly to Dr. Pummill.

I agree personally to pay for any and all charges incurred by me during the course of my medical care, including charges not covered by or collected from my health care insurance or benefit program, including any deductibles and co-insurance amounts. If my insurance program pays me directly for any services rendered by Dr. Pummill, I agree to immediately endorse the check and remit it directly to Dr. Pummill.

PLEASE READ THIS AGREEMENT CAREFULLY BEFORE SIGNING, AND LET US KNOW IF YOU HAVE ANY QUESTIONS. YOU ARE RESPONSIBLE FOR WHAT YOU SIGN.

Date: _____

(Signature of patient, parent (if patient is a minor), or legal guardian.