

R. TYLER WOHRMAN D.D.S

1711 Kirby Parkway

Memphis, TN 38120

(901)591-1526

INSURANCE WAIVER

I _____ understand that if for any reason my insurance company denies or does not cover any or all of my services received at this practice, I will be responsible for payment. I also understand that this waiver is good for any and all visits with this practice now and in the future.

- It is my responsibility as the patient and the insured to update this office of any insurance changes. I will provide this office with updated cards and information. This information is to help us with filing your claim with the correct insurance company.

Patients Signature of Guarantor if Minor

Date

Thank you,

Dr. Wohrman & Staff