



## **BILLERICA MEDICAL & HEALTH CENTER**

221 Boston Road Suite 4, Billerica, MA 01862

Phone (978) 670-1300 Fax (978) 670-2890

### **INSURANCE COVERAGE INFORMATION**

Services provided to you today may or may not be covered by your insurance carrier.

It is the patient's responsibility to be aware of what their insurance carrier will and will not cover.

Some insurance carriers will not cover services for the following:

- Physicals
- School Physicals
- Immunizations
- Travel Immunizations
- Counseling
- Contraceptive Management

I understand that I am personally responsible for all deductibles and any charges denied by my insurance carrier. I will pay my patient balance within 30 days of receipt of my statement from Joshi Medical Services, P.C. unless arrangements are made with the billing office.

I authorize the release of any medical or other information necessary to process this claim.

I have read the above information agree to these policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name