

C A P I T A L
RADIO SURGERY
C E N T E R S

Date:

This is an acknowledgement of a co-pay, deductible, or co-insurance that applies to ***certain health care services you receive.***

I have received the acknowledgement in regards to my insurance coverage and understand the terms within.

I understand if I have questions or concerns, I am to contact the billing office directly toll free at 1-888-846-5527.

Patient or Insured Signature: