Out of Network Patient

I have hereby been notified that my Medical Insurance Policy: ______________________ is an "Out of Network" plan with Comprehensive Pain Management Group.

I understand that it is my responsibility to educate myself on my individual insurance agreement, benefits and pre-certification requirements.

Although we certainly will assist you in obtaining payment from your insurance carrier, the ultimate responsibility for payment of any bills incurred from Comprehensive Pain Management Group lies with the patient. This includes any non-covered items or services, and any "Out of Network" deductible.

Patient Signature: ________________________ Date:________

Comments: ____

9000 Waukegan Road, Suite 130 Morton Grove, IL 60053

Phone: 847.470.8740 Fax: 847.470.8750