

THE OB/GYN GROUP OF AUSTIN
1301 W. 38TH ST. SUITE 300
AUSTIN, TX 78705
512-454-5721/ FAX 512-454-2801

OBSTETRICAL WAIVER

I UNDERSTAND THAT MY INSURANCE COMPANY MAY OR MAY NOT PAY FOR THE FOLLOWING SERVICES: OBSTETRICAL SONOGRAMS, LAB WORK, AND ANY OTHER SERVICES ORDERED BY MY PHYSICIAN. I WILL BE RESPONSIBLE FOR PAYMENT OF THESE SERVICES IF THE CLAIMS ARE DENIED.

PATIENT NAME (PRINT)

PATIENT SIGNATURE

WITNESS SIGNATURE

DATE

PATRICK D. NUNNELLY, MD
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