Katherine Lantsman, MD

20 Park Plaza, Suite 473, Boston, MA 02116 Ph: 617-948-2577 Fax: 617-344-0442 Tax ID 760-843-891 NPI 1720052475 DEA BV 9204380

Acknowledgement Regarding Reimbursement by Medical Insurance Carrier

By singing below, I hereby acknowledge that I have been fully advised that some or all of the costs associated with my visit(s) to My Path Medical, Katherine Lantsman, MD, ordered on my behalf and with my consent or at my request may not be eligible for insurance reimbursement in accordance with the provisions and terms of my specific medical insurance policy(s) and that such diagnostic test and/or procedures may be or already have been determined to be 'non-covered services" by my specific medical insurance carrier(s).

Due to the fact that the terms and provisions of medical insurance policies may differ, Dr Lantsman and/or her office have informed me that medical insurance carriers do not always agree with the medical necessity, clinical value, reasonableness or essentiality of every diagnostic test/procedure that may be ordered.

Based upon the foregoing, I have been provided with an opportunity to ascertain the eligibility for insurance reimbursement of all diagnostic tests and/or procedures ordered and with a further opportunity to discuss any questions in connection therewith **PRIOR** to undergoing the same. I have also been provided with an opportunity to defer undergoing such diagnostic tests and/or procedures as a result of my inability to obtain insurance reimbursement.

Neither Dr. Lantsman nor her office has made any representation to me whatsoever with respect to the eligibility for insurance reimbursement of any given diagnostic test and/or procedure that may be ordered.

I am signing this acknowledgment voluntarily and of my own free will and volition. I fully understand the contents of this acknowledgment and the financial ramifications inherent therein.

I understand and agree that (regardless of my insurance status) I am responsible for the balance of my account for any professional services rendered. I have read all of the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information.

______________________________ ____________

Print Name Date

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Signature