**Lawrence J. Geisse, M.D.**

Eye Surgeon & Physician

10861 Cherry St. Suite 204

Los Alamitos, Ca 90720

562-598-2020

562-598-9450

**HMO WAIVER FORM**

If you are under an HMO and have an authorization please be advised that the authorization is not a guarantee of payment.

Signing below states that you wish to receive medical treatment and you as the patient will be responsible for any charges that your insurance provider will not cover.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Patient or Responsible Party Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Witness or Office Personnel Date