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

Eye Surgeon & Physician

10861 Cherry St. Suite 204

Los Alamitos, Ca 90720

562-598-2020

562-598-9450

**PPO WAIVER**

I understand that verifying eligibility of my insurance does not guarantee payment.

However, I wish to receive medical and/or surgical treatment at this time.

I certify that I DO NOT belong to an HMO and that my insurance is in effect.

I understand that if it is determined that my insurance coverage is not active, I will be responsible for all charges for services provided to me.

I also understand that this waiver will remain in effect until I notify the office of Dr. Geisse that there is a change in my insurance coverage carrier.

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Patient or Responsible Party Date

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

Printed Name

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Witness or Office Personnel Date