



## EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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### YOUR INSURANCE IS ULTIMATELY YOUR RESPONSIBILITY

To our **Valued Patients:**

Your copay/co-insurance/deductible payment amount is due and payable at the time of your visit.

Please take a minute to do the following:

- Check with your insurance company to determine if authorization is required for your specialist visit and/or procedure.
- Find out which diagnostic facilities you can go to.
- Contact our office, if we will need to get authorization for your visit and /or procedure.

Please sign below, stating that you have read, understand, and agree to the above insurance office policy. You, our patient, are ultimately responsible for your own insurance requirements.

Thank you.

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Please PRINT Name

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Signature

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Date

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**Northwest Office**

7040 Smoke Ranch Road  
Las Vegas, NV 89128

**Green Valley Office**

3195 St Rose Parkway  
Suite 210  
Henderson, NV 89052  
(Mailing address)

**Southwest Office**

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