OPL Otolaryngology Physicians Of Lancaster
Board Certified Ear, Nose and Throat Specialists

Lancaster Office:
810 Plaza Boulevard
Lancaster PA, 17601
Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
177 North Reading Road
Ephrata PA, 17522
Office 717-733-4891

Waiver of Medical Benefits

My insurance plan(s) are _____ _____. I understand that Otolaryngology Physicians of Lancaster (OPL) are not participating with my insurance plan(s) _____ _____.

I understand that I am waiving my insurance benefits and self paying for services rendered. OPL may obtain a deposit for services on the date of service. This deposit is not payment in full for services rendered and I understand that I will be bill for any remaining charges. In the event that OPL is participating with my primary insurance I an waiving my rights to my supplemental insurance coverage and I am responsible for all co-payments, co-insurance, deductibles and any other balance not covered by my primary insurance carrier.

This waiver shall remain in effect until it is terminated by me in writing. OPL requires that termination of this waiver include a line for a member of the OPL management team to sign confirming retrieval of the termination of waiver. Both the patient and office must keep a copy of the termination.

By signing below I acknowledge that I am aware that it is my responsibility to satisfy any and all remaining balances with Otolaryngology Physicians of Lancaster.

Patient Name: _____

Account Number: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Relationship to Patient:

__ Self __Parent/Guardian __ POA __Other: _____