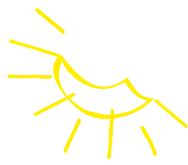


JONES DERMATOLOGY



6120 Mae Anne Ave., Suite 1
Reno, NV 89523
775.851.SKIN (7546)
FAX 775.746.8987

Christian C. Jones, MD
Nancy Jones, APN
Martin Moore, APN

Waiver of Liability Release Form

Date: _____

Patient's Name: _____

Procedure(s)/Service(s): _____

Your insurance company may determine that the procedures or services provided for you by this office are not deemed medically necessary or are non-covered services. It is possible that your insurance company may deny payment based on any of the following:

- The procedure is considered a *cosmetic service*.
- The procedure is a *non-covered service* under your health plan.
- We are *not a contracted provider* with your insurance company.
- You did *not* obtain a required *referral/authorization* from your insurance company.

If your insurance company denies payment for any services provided by this office for any of the reasons stated above, you are personally and fully responsible for payment in full.

Patient's Signature: _____

Comments for staff use only: _____
