Ohio ENT & Allergy Physicians
SLEEP DIVISION

Out of Network Waiver

I understand that I am covered under an insurance plan that Ohio ENT & Allergy Physicians- Sleep Division does not participate with and I am choosing to obtain services that will be considered out of network. I have been informed and completely understand that Ohio ENT & Allergy Physicians- Sleep Division is NOT a participating provider with my insurance and I am fully responsible for the charges incurred and will pay at the time of service. I also understand that a claim will not be submitted to my insurance plan by Ohio ENT & Allergy Physicians- Sleep Division.

I also understand that this will be for the duration of my treatment with Ohio ENT & Allergy Physicians- Sleep Division or until my insurance changes to a plan Ohio ENT & Allergy Physicians- Sleep Division is in-network with.

If your insurance plan provides out of network benefits you can submit these charges on your own for reimbursement. A receipt will be provided by Ohio ENT & Allergy Physicians- Sleep Division for such purposes.

Estimated Services and associated fees for:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____
Print Patient Name

_____
Signature of Patient or Responsible Party Date