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Dear Patient:

Welcome to GENERATIONS OB/GYN. We will do our best to help you with the insurance process, but we need your help. It is imperative that you keep us informed of any changes in your coverage so that we may work with your insurance company to get the best coverage possible.

As the insured, you are responsible to know what your insurance plan covers and you will be responsible to pay for any charges or balances not covered by your insurance company.

Please sign below in agreement of these terms and return to our office staff. Thank you.

Patient Name (print):	Date of Birth		
Patient Signature:	Date:		

46 Prince Street New Haven, CT 06519 203-562-6741

2446 Whitney Avenue Hamden, CT 06518 203-248-4461

850 North Main Street Ext. Wallingford, CT 06492 203-294-1003

5 Durham Road Guilford, CT 06437 203-453-4766