



Integrative Family Medicine
Ronald P. Ciccone, M.D.
Medical Director

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A Department of Our Lady of Lourdes Health System, A Ministry of the Franciscan Sisters of Allegany, NY

Patient Waiver

I, _____, understand that insurance companies deny payment for services they deem unreasonable or unnecessary. Many times, even though I, as a Primary Care Physician, with your best interests at heart, feel that a service(s) is indicated, an insurance company will deny coverage because they consider the service(s) not appropriate for your condition, or they consider the service(s) to be in need of further research and not fully studied and approved. I, the patient, understand that this is a non-covered and/or poorly compensated service for which my insurance carrier may or may not make an adequate payment. In consideration of the above, if I, the patient, exceed the conventional appointment time of 15 minutes for an established patient visit, I will be given a choice. I may agree to waive my insurance coverage for that visit and pay for the current visit in full, at the rate of \$90 per 15 minutes or \$360 per hour, as determined by this office, or I will agree to end the current visit and make an appointment for another day to continue the discussion. This policy will not apply to your initial consultation/office visit.

Thank you for your understanding.

Ronald P. Ciccone, MD, PC
Medical Director
Integrative Family Medicine

SIGNATURES

Patient

Date

Unable to sign because: _____

Person authorized in lieu of patient/relationship to patient

Date



- Community Wellness Classes
- Massage and Bodywork
- Acupuncture
- Integrative Health Care
- Integrative Family Medicine
- Human Wholeness Retreats
- The Bridge Program
- Corporate Wellness
- Institute of Wholistic Studies
- 50 Plus Program