

Middlesex Medical Associates
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MEDICARE WAIVER OF LIABILITY

We believe that Medicare is likely to deny payment for any or all of the following procedures performed today:

- * THE ROUTINE PHYSICAL EXAM
- * ANY OR ALL OF THE TESTING PERFORMED
- * PREVENTATIVE TETANUS INJECTION

I, _____ have been notified by my physician that they believe Medicare will likely deny payment for any or all of the above services performed today because they are considered ROUTINE/PREVENTATIVE care which is **not covered** by Medicare.

If Medicare denies payment, I agree to be personally and fully responsible for the payment in full.

Signature Date

I, _____ have been notified by my physician that they believe Medicare will likely deny payment for any or all of the above services because they are considered ROUTINE/PREVENTATIVE care which is **not covered** by Medicare, therefore I DECLINE ALL TESTING OR VACCINATIONS, no matter how necessary my doctor feels they are, as I will not take responsibility for the payment

Signature Date