



Restriction of Disclosure to Health Plan

I, have asked Advocare

not to bill my insurance for a visit or service(s) provided on

to my insurance carrier. I understand that by signing this acknowledgement:

- I may have the right to request the restriction of disclosure to my health plan and understand that Advocare's policy is to collect payment for all services provided up front and in full if the service(s) are not being billed to my insurance.
- I have chosen to restrict one or more of the service(s) provided to me today from my insurance carrier.
- I am responsible for payment today for the services that I am hereby restricting from my insurance carrier.
- I will provide Advocare with payment for the services I received in full today.
- I agree that should there be a problem with the method of payment I have provided I have forty-five (45) days from the date of service to provide the office with the payment in full. If I do not do this, the practice has the right to submit the service to my health plan for payment.
- Should information I have chosen to restrict need to be transmitted to another entity, I understand that it is my responsibility to notify that entity of my request to restrict the information.

Signature of Patient or Legal Guardian

Patient Date of Birth

Print Name of Legal Guardian

Relationship to Patient