

CHILDREN'S RESOURCE GROUP • CRG ASSOCIATES

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Non-Covered Medicare Services

I understand that the services being rendered are provided by a non-covered Medicare/non-contracted Medicare provider. I understand that I will be financially responsible for all services provided by this practitioner.

I have read the above and understand fully the financial responsibility.

Patient's name

Patient's Date of Birth

Recipient/Parent or Legal Guardian's
Signature

Date