



**Edward G. Murphy D.O.
F.A.C.O.S. F.A.S.A F.R.S.M**

I _____ am aware that any services rendered could be considered cosmetic and not a covered benefit through my insurance company. If Authorization is obtained it is not a guarantee of payment, and could still be denied when claim is received at the insurance company. I am responsible for payment should the insurance not pay.

Signature

Date

Witness

Date