

## INSURANCE ACKNOWLEDGEMENT

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

Physician: Sonu S. Ahluwalia, M.D.

Please be aware that Dr. Ahluwalia is not a contracted provider with your insurance. However, we will submit a claim for services rendered in our office to your insurance plan as a courtesy to our patients. Even though he does not participate in your insurance plan, it is usually possible to work out an acceptable financial agreement.

Please feel free to contact our billing service, Med-Net Billing, at (310) 322-4278 to discuss these arrangements.

I have read and understand this information

\_\_\_\_\_  
Patient's Signature