

Atlantic Rheumatology and Osteoporosis Associates, P.A.

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Dear Patient:

Your insurance is out of network with our practice. This means that you are responsible for your payment in full at the time of service.

Thank You,

Atlantic Rheumatology and Osteoporosis Associates

Insurance: _____

Initial Appointment: _____ Follow-up Appointments: _____

Patient Signature: _____ Date: _____

Print Name: _____