

Atlantic Rheumatology and Osteoporosis Associates, P.A.

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Dear Patient:

Please be advised that your secondary insurance is out of network with our practice. Accordingly, you are responsible for any balance left over from your primary insurance that your secondary insurance does not pay. If you cannot pay in full, please see us about making a payment arrangement.

Thank You,

Atlantic Rheumatology and Osteoporosis Associates

Secondary Insurance: _____

Patient Signature: _____ Date: _____

Print Name: _____