



WOMEN'S HEALTH CARE GROUP OF PA
Main Line Perinatal Associates Division

Nancy S. Roberts, M.D. • Andrew G. Gerson, M.D. • Eric J. Carlson, D.O. • Alan E. Donnenfeld, M.D. • Sara S. Nicholas, M.D. • Antonette Dulay, M.D.

ACCEPTANCE OF RESPONSIBILITY FOR PAYMENT

I hereby accept sole responsibility of payment of all charges for services rendered during the course of my treatment at Main Line Perinatal Associates, not covered by my primary insurance or secondary insurance, including charges for any missed appointments.

Date: _____ Signature: _____ Witness: _____

I hereby authorize Main Line Perinatal Associates to release all information required by my insurance carriers for process of my claims. I further authorize assignment of benefit to be paid to Main Line Perinatal Associates.

Date: _____ Signature: _____ Witness: _____

Name (Printed): _____ Date of Birth: _____