



Missing Information

I, _____ am missing the following at my office visit today.

Please mark the box on items you are missing.

Insurance Card

Identification Card

I understand that I need to bring proof to every visit. I agree that I am responsible for getting the proper information back to this office. I understand that I can and will be held financially responsible if I fail to do so in a timely manner.

X

Patient Signature

X

Date

X

Witness Signature

X

Date