



Healthy Heartbeat, PC

PAVEL RIHA, MD, PHD 1226 N SHARTEL, SUITE 300, OKLAHOMA CITY, OK 73103
405.231.8882 OR 1.877.RIHA.911

FINANCIAL RELEASE FORM

I understand that I will be financially liable for the full amount of services, deductibles, or co-insurance incurred by myself or my dependent due to any of the following reasons:

- No insurance coverage.
- Services deemed not medically necessary.
- Third party liability claims.
- Benefits paid to patient.
- Lack of an authorization from my primary care physician.
- Services not covered by my insurance.
- Not contracted with insurance company.

Signature of patient

Parent/Guardian (if patient is a minor)

Date