

MESBAH OBGYN, P.C.

Michael C. Mesbah, M.D.

877 Stewart Ave. Ste. 3
Garden City, NY 11530
516-749-1500
516-745-1445

I _____, understand that if I have not provided all of my updated insurance information and my insurance denies any of my claims due to this issue, I will be financially responsible for any services rendered.

Printed Name:

Date of Birth:

Signature:

Date:

Witness Signature:

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