David Solsberg, MD PC
Registration Agreement

It is customary to pay for services when rendered unless other arrangements have been made or unless you are covered by Medicare/Medicaid. I understand I am financially responsible for charges not covered by my insurance company.

I authorize the following release of information to other medical physicians and/or treating physicians and or health care providers, records to my insurance carrier or authorized agent for the purpose of insurance payments and also for quality and utilization review. All payments are to be made directly to:

David Solsberg, MD, PC,

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Signature of Patient or Responsible Party Date