



Doris E. Hossalla, M.D., FAAP

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Phone: (512) 930-0191 Metro
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Office Hours:
Monday - Thursday 9:00am - 7:00pm

Appointments:
Monday - Thursday 1:00pm - 7:00pm

Insurance Balance Waiver

Our need for a waiver

Some insurance plans pay generously: some pay nothing. Many do not cover behavioral health services. Unfortunately, the plan you have is often determined by your employer and is not under your control. It is usually impossible for us to know before submitting your claim if your insurance plan will cover your services, but we remain committed to maximizing any coverage you have.

Services may include, but are not limited to:

_____ Consult/ diagnostic evaluation for ADHD, anxiety disorders, depression

_____ Medical management of the same conditions

_____ Co-management of these conditions

Patient name _____ DOB: _____

The Waiver

I assume all responsibility for payment of services provided by Georgetown Kids for the person I am bringing to this visit. Any and all insurance reimbursement will be applied towards my balance. I understand I will be credited or refunded by Georgetown Kids for any payment in excess of my balance.

(Signature) First

Last

Date
