

Advanced Reproductive Medicine and Surgery, P.C.  
4190 Telegraph Rd., Suite 1500  
Bloomfield Hills, MI 48302  
(248) 203-0900  
(248) 203-0902 Fax

David Brinton M.D.  
Alexander Maximovich M.D.

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Department Name

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Patient Name

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Date of Birth

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Date

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A.R.M.S. Representative

**FINANCIAL RESPONSIBILITY**

Service or Item: **ALL** \_\_\_\_\_ Estimated Cost: **ALL** \_\_\_\_\_

Check the section that applies:

The provider has informed me that it does not participate with my insurance. I have been informed that I will be billed for all items and services received, and that it is my responsibility to attempt to be compensated by my insurance. I understand and assume financial responsibility for any and all services and items received.

The provider has informed me that the care requested may not be covered by my insurance. If my insurance denies coverage, I will be billed for all items and services received. I understand and assume financial responsibility for any and all services and items received.

The provider has informed me that they will bill all services to my insurance company; however, if services rendered are not a covered benefit, I will be responsible for payment in full. I understand and assume financial responsibility for any and all services and items received.

I have requested to pay privately for the items or services received. I understand and assume financial responsibility for any and all services and items received.

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**Patient Signature or Representative**

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**Date**