Iowa Sleep DISORDERS CENTER

West Des Moines 4060 Westown Pkwy | West Des Moines, IA 50266
Ankeny 400 SE Delaware | Ankeny, IA 50021
515-225-0188 | 800-226-6084 | Fax 515-225-0971 | iowasleep.com

PATIENT INSURANCE RESPONSIBILITY

Please check both boxes below. This form is to be signed in case insurance won't cover all service. The patient agrees below that they will be financially responsible for cost that the insurance will not cover. It is the patient's responsibility to inquire on what insurance will pay prior to coming to an appointment.

____ I agree to the responsibility of all charges for my health care provided by the Iowa Sleep Disorders Center which may not be covered by insurance.

____ I agree to provide my insurance information for billing services. In the event this is not provided, I understand that I am responsible for all health care charges that I incur at the Iowa Sleep Disorders Center.

Patient: (Please Print): _____

Patient Signature: _____

Date: _____