

Bay Urology Center has decided not to accept the amount insurances reimburse for the listed procedure below.

Signing below is acknowledgement that we have explained this to you and that you are accepting to pay for services so they can be provided.

Procedure: Any and all types of injections,

**AGREEMENT TO PAY:**

I have been by notified on the above by Bay Urology Center that I am fully responsible for all services. I understand and agree to be financially responsible.

**Patient Signature/Power of Attorney**

**Date: <Date of Service>**

**REFUSAL OF SERVICES:**

I have decided **not** to receive services because I am not willing to be personally responsible for the payment.

**Patient Signature/Power of Attorney**

**Date: <Date of Service>**