

PASSER RESTORATIVE THERAPIES
MED SPA & WEIGHT LOSS CENTER
10170 Nicholas ST
Omaha, NE 68114
402-933-5958

As a patient of Passer Restorative Therapies WEIGHT LOSS I acknowledge that the Weight Loss Center IS NOT covered by Insurance and DOES NOT bill my Insurance and that I MAY NOT send in a claim for Insurance on my own.

I also acknowledge that I am able to use my HAS and Flexible Spending Account to pay for services. If needed the Weight Loss Center will supply me with a Letter of Medical Necessity for either of these plans. This letter will be for the HSA or FSA accounts only and NOT to be used to file an Insurance claim on my own.

Date _____

Signature _____

I understand I am financially responsible for all charges for the Weight Loss Center and that all payments are due on the day of service.

Date _____

Signature _____

Print Name _____