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I acknowledge that the physicians of Midwest Ear, Nose and Throat, LLC may perform a nasal endoscopy or laryngoscopy. This is considered to be an outpatient procedure by your insurance company.

I acknowledge that it is my responsibility to contact my insurance company and inquire about my coverage and how the insurance company will process this procedure. I acknowledge that I am responsible to pay any balance that my insurance does not cover.

Patient Name

Patient Signature

Date