

Notification of Non-Filed Services

You have opted to pay for the services outlined below in lieu of having them filed on a claim through your health insurance carrier, Blue Cross and Blue Shield of Alabama. You are expected to pay for these services in full.

Patient Name		Address		Phone	
First:				Home:	
Last:				Cell:	
Services	Patient Signature*	Date	Monies Due		

**I have read your policy and agree to pay for the services outlined above which I do not want filed on a claim through Blue Cross.*