

**JAY C. TYROLER, MD, PC**

3620 Joseph Siewick Drive Suite 306

Fairfax, Virginia 22033-1712

Jay C. Tyroler, MD Barbara B. Yosaitis, MD Adil Z. Ghauri, MD

Beverly Bayer, FNP-BC

Kristin Huenink, FNP

Mary Ellen Estes, FNP-BC, NP-C

PHONE 703-264-0521

FAX 703-860-0229

**FINANCIAL FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, DOB \_\_\_\_\_, am financially responsible for any service not paid by the insurance carrier including procedures, laboratory services, injections, preventative healthcare visits, and EKG's performed in the office. The routine laboratory tests that are included with a physical are CBC, Comprehensive Metabolic Panel, Fasting Lipid Profile, Urinalysis, and PSA & TSH if appropriate (depending on your gender and age).

I understand that it is my responsibility to contact my insurance company regarding benefits.

It is important we discuss your health, safety and well-being while devising a plan for future wellness. However, often during these visits, we must address your significant medical conditions. This will incur an additional charge to your insurance as a copay or applied to your deductible.

**X** \_\_\_\_\_

(Signature VALID FOR ONE YEAR)

---

**OFFICE USE ONLY**

CPE DATE: \_\_\_\_\_

EKG CODE: 93000

CPE CODE: Z00.00

This form states that if your insurance does not cover a physical, you will be financially responsible. Please take time to contact your insurance provider and verify. *After verifying please sign, date, and mail or fax this form back to our office.* We will then send the LAB SLIP.

**MEDICARE does not cover physical labs! Please check with your secondary insurance for lab coverage before signing this form**