

ADVANCED PACIFIC

Otolaryngology and Audiology
71 Kanoa Street Suite 101 Wailuku, HI 96793
Ph 808-244-5999 Fax 808-244-1295

Agreement of Financial Responsibility

This agreement is between me (the QUEST integration member whose signature appears below) and Advanced Pacific.

I understand that for the services listed below, my insurance, which is a QUEST program, will not provide coverage. The service is not defined as a benefit under my QUEST plan and/or it does not meet the QUEST integration guidelines for coverage. I agree that I am responsible for the service(s) listed below.

- ❖ No show/cancellation for office visits. \$25.00 charge.
- ❖ No show/cancellation for office surgeries. \$50.00 charge.
- ❖ No show/cancellation for hospital surgeries. \$100.00 charge.

Patient Name (Print)

Patient or responsible party signature

Date