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**\*IMPORTANT NOTICE\***

Please be advised that Medicare and/or your private health insurance carrier may not cover certain procedures or services that your doctor deems necessary for the complete evaluation and management of your care. This may include various injections, diagnostic, tests, etc. Please note that you may be responsible for any balance not paid by your insurance company.

Current insurance regulations require that we notify you , the patient, of this situation prior to your treatment.

If you have any questions please ask prior to being treated.

Thank You.

PATIENT SIGNATURE: \_\_\_\_\_

PATIENT NAME (Please print) \_\_\_\_\_

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