

# Waiver

For new patients of Dr. Mulcahy and Dr. Mosiello, who have Medicare and Mainecare plans:

Since Dr. Mulcahy and Dr. Mosiello are no longer accepting new patients with Medicare and Mainecare, we are required to have your signature agreeing to the following:

By signing this form below I am opting to pay out of pocket for my visits with Dr. Patrick Mulcahy and/or Dr. Ronald Mosiello **and I will not ask the office to bill my insurance company for my office visits nor will I bill my insurance company directly.**

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

\_\_\_\_\_ Signature of patient (or responsible party, if a minor)

\_\_\_\_\_  
Patient's name (print)

\_\_\_\_\_  
Date