



Cheryl Yelverton, M.D., P.A.

SURGICAL ONCOLOGY & GENERAL SURGERY

Dear Patient,

We ask all of our patients to read this because it concerns each of you.

Due to frequent and multiple changes with many insurance plans, it is no longer an easy task to interpret each individual policy. Our staff tries to stay aware of these changes but this is not always possible. We urge you, the patient, to check with your insurance company regarding your coverage and any changes that your insurance company may implement.

Failure to understand your coverage and comply with their rules and regulations could result in increased financial obligation for you personally. Please remember your insurance policy is between you and your insurance company not between your doctor and your insurance company.

Our staff is happy to provide you with phone numbers and/or addresses that you may need to contact your insurance company. Many insurance plans require a referral and/or authorization for services from your primary care physician. *If your coverage requires this it is your responsibility to obtain the required referral and present it at the time of services here in our office. Failure to do so may require you to reschedule your appointment and/or treatment in our office.*

Please call your insurance company and learn about your coverage, any changes that you may be notified of or verifications required. Our goal is to make your treatment and care through our office to go as smoothly as possible for you from start to finish.



Cheryl Lynn Yelverton, M.D.

In signing this letter I acknowledge my responsibility toward compliance with my insurance company's requirements and that failure to do so may result in delay of services and/or personal responsibility for the fees for services provided.

Signature of Patient or Guardian

Date signed