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“Diplomat in Internal Medicine”

I understand that I am seeing the doctor today and my insurance carrier may not cover these services in which case I will be responsible for the balance due to one of the following:

1. Dr. Shore Armani is listed as my PCP.
2. I do not have a PCP selected.
3. Dr. Shore Armani is not listed as my PCP.

I further understand that I will need to correct this with my insurance carrier. I choose one of the following options to take care of this matter:

1. I will contact the insurance carrier at this time and correct this immediately.
2. I will pay for services in full and then contact the insurance carrier within 5 business days.

* I understand that it is my responsibility to inform Dr. Armani’s office each time my insurance coverage changes. This is due to the timely filling issues with the insurance companies. If I fail to inform Dr. Armani’s office of this change and if the timely filling becomes an issue, I will be responsible for the payment of the account in full.

Patient’s or Gaurdian Signature _____ Date _____

Witness _____ Date _____

Patient contacted insurance carrier today and spoke with _____
to choose our office as their PCP.

Witness initials _____ Date _____