

PAUL F. BREZINSKI, D.P.M., P.C.

MEDICAL AND SURGICAL TREATMENT OF THE FOOT

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(847)-359-5550

OUT OF NETWORK BENEFITS

This office accepts most insurance plans. Some of these plans carry less generous benefits for out of network providers.

As a courtesy, we will submit and process all claims with your insurance plan.

I _____ Patient/Guardian

understand that I will be responsible for any and all deductibles, co-pays and co-insurances. I agree to pay any outstanding balances that the insurance company deems are my responsibility.

Patient/Guardian _____ Date _____