

**William S. Kelly, MD**

**Katie Scott NP-C**

**Stephanie Taylor, PA-C**

---

Dear Patient;

We request you read and sign the waiver below. For your benefit please become familiar with your insurance coverage. Insurance plans are not all the same. We are encountering policies which do not cover certain services such as preventative health exams, school, work, camp physicals or certain diagnoses and pre-existing conditions. Beneficial hearing tests and many vaccines for preventative measures may **NOT be covered services**. The patient is responsible for these charges. If you schedule a physical please be aware an hour appointment has been reserved for you with the Physician or Physician Assistant. For this reason, if you need to cancel your appointment at 24 hour notice is requested for cancellation. Missed appointments without notice will result in a \$25.00 charge.

**\*\*\*\*\*Waiver of Liability\*\*\*\*\***

I understand that when services are rendered at Kernersville Primary Care, I am responsible for the charge generated for the visit. I understand that if my insurance company denies a medical claim, that I am fully responsible for the bill. I understand that the Physician, Physician Assistant, or Nurse Practitioner cannot change a documented diagnosis so that a service can be covered by an insurance plan.

---

Please **print** Name of Patient

Date

---

Signature of Patient or Guardian

Date

---

Service

Date

---

Witness

Date

**KERNERSVILLE PRIMARY CARE**  
FAMILY MEDICINE & GERIATRIC MEDICINE  
420 WEST MOUNTAIN STREET KERNERSVILLE, NC 27284  
(336) 993-1618  
FAX: (336) 993-5512  
[www.kernersvilleprimarycare.com](http://www.kernersvilleprimarycare.com)