

**Sondra Altman, MD**

120 La Casa Via #104  
Walnut Creek, CA 94598  
(925) 947-5945

Patient Name: \_\_\_\_\_

I have agreed to pay for this one time office consultation/educational visit (99404) with Dr. Altman. I am aware of the out of pocket fee of \$350.00. I will not expect this office to agree to **any** insurance contract write off or changing of **any** billing codes for this consultation visit. I am also aware that I can submit this, out of pocket expense, to my insurance company. In which case, I will accept any reimbursement they may or may not give me.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_