

TODD H. LANMAN, M.D., INC.

A PROFESSIONAL CORPORATION

120 SOUTH SPALDING DRIVE, SUITE 400
BEVERLY HILLS, CALIFORNIA 90212

PHONE: (310) 385-7766

FAX: (310) 385-9007

OUT OF NETWORK BENEFITS

I understand that I have an insurance policy which allows me to use both 'in network' and 'out of network' providers.

At this time, I am choosing the OUT OF NETWORK benefits of my insurance policy, where I can select any doctor of my choice without authorization. I fully understand that I may be responsible to pay a yearly deductible, co-payments and any portion that is not covered by my insurance company.

At this time, I am choosing the PPO portion of my policy and I understand I may be responsible for a deductible, co-payment, and any portion that is not covered by my insurance company.

At this time, I am choosing Dr. Lanman as my neurosurgeon. I am fully aware that Dr. Lanman is a NON-PROVIDER for my insurance company. Therefore, I will be responsible for a higher co-payment, deductible or any portion not covered by my insurance company.

I also understand that I am waiving my 'in network' benefits by choosing not to see my primary care physician and wait for an authorization.

Print name _____

Signature _____

Date _____