



*Huber Personalized*  
— MEDICINE —

### FORM-6: Financial Responsibility Statement

This Financial Responsibility Statement is entered into by me with the practitioners of Huber Personalized Medicine (Gary Huber, D.O., Tony Bianco, M.D., Chelsea Dorsett, R.D.,L,D) as of the date set forth below. By signing this Statement, Patient agrees that he/she shall be personally responsible for paying the costs of any and all services provided by or arranged through the Physician/staff including any associated deductibles or copayments.

I recognize that clinicians of Huber Personalized Medicine

Do not accept Medicare and/or any other form of healthcare insurance

Are not responsible if Medicare and/or other form of healthcare insurance denies coverage for the services provided by or arranged through the Physician and staff

Physician provides services on a fee-for-service direct payment basis. (

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ [L] [SEP]