

**Sierra Rheumatology Inc.**  
151 N Sunrise Ave, Suite 1201  
Roseville, CA 95661  
916-677-4744

**Financial Policy**

I understand that I am financially responsible for charges incurred for services rendered. I understand that my insurance will be billed as a courtesy and that I am responsible for any remaining balance, copayments or charges that are denied due to non-coverage. I authorize Sierra Rheumatology Inc, to bill my insurance and accept payment on my behalf for services rendered.

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_