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Dr. Molly Keefe

My signature below acknowledges that I am aware of my Medicare deductible of \$135.00. I am also aware that Medicare will pay 80% of my charges. I understand that I am responsible for the remaining 20% of my charges if I do not have secondary insurance that covers these fees. If I do have secondary insurance, I believe that my secondary insurance will pick up the cost of my deductible and the 20% when appropriate. If it does not, I realize that I am responsible for paying my own deductible.

Patient

Date

Witness

Date