GWINNETT NEUROLOGY & SLEEP DISORDERS CLINIC

2121 Fountain Drive, Ste. M Snellville, GA 30078 770-972-3002 – Office

PRE-EXISTING CONDITION DISCLAIM

Patient Name:

Gwinnett Neurology & Sleep Disorders Clinic will file you However, it is your responsibility to determine if your he PRE- EXISTING CONDITION EXCLUSION PERIOD.	
A pre-existing condition is defined by health insurance condition or illness that you've had at least six months be coverage on a new plan. If you or a family member suffe your insurance plan may require you to wait a certain arcan get full coverage of that condition.	efore your first day of ers from such a condition,
By signing below, you are acknowledging that in any event your insurance denies payment you will be liable for the remaining balance for the charges incurred.	
Patient or Guardian's Signature	Date