



**Secondary Insurance**

***All PRIMARY Insurances whose co-insurance and deductibles have not been met and whose***

***balances are not covered by the patient's SECONDARY Insurance.***

***for any reason, will be the Financial Responsibility of the Patient, to pay the expense to cover the final balance.***

---

***Patient's Name (Print)***

---

***Patient's Signature***

---

***Staff Signature***

**JAMES E. DOPSON, M.D., FACOG**  
**Obstetrics, Gynecology & Infertility**

1918 Northlake Parkway • Suite 101 • Tucker, Georgia 30084 • (770) 723-9318