

# Romeo Preventive Medicine

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## INFORMED CONSENT

I hereby acknowledge by this statement that I have been fully informed that: SOME and perhaps all of the medical services provided at ROMEO PREVENTIVE MEDICINE on or after this date by James L. Ziobron, D.O. and his associates may be “non-covered” services and not considered reasonable and necessary under the Medicare program and/or other medical insurance (Blue Cross, Aetna, etc.). I understand my insurance coverage, including Medicare, will not pay for such “non-covered” services (preventive medicine, nutritional therapy or supplements, etc.). I will be personally responsible for payment to ROMEO PREVENTIVE MEDICINE for all such “non-covered” services.

All laboratory (blood tests, etc.) are sent to outside laboratories, in and/or out of state, and will be billed by THEM. Depending on your policy you may or may not have coverage. If not covered, the bill will be your responsibility.

INDIVIDUALS who have elected not to carry health insurance be so informed that all services rendered by ROMEO PREVENTIVE MEDICINE, outside laboratories, in state and/or out of state, etc. are your responsibility.

If you have any questions, please request to see the Office Manager.

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Signature

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Date