Insurance Consent

I understand that the Services provided by 1st Nurse Registry are self-pay, even if deemed to be a covered service under any health insurance plan or program that I or those I am authorized to represent are enrolled under at the time the Service is provided. I agree not to bill any private commercial insurer or federal or state health care program (i.e. Medicare, Medicaid, Tri-Care, Veterans Affairs, Federal Employee Health Benefits, etc.) even if deemed to be a covered service under such third-party insurance plan, and acknowledge that neither the Company nor the Professionals will bill any third-party health insurance plan for the Services provided.

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Print Name Date

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Signature Date