BREAST CARE SPECIALISTS, L.L.C.

Elizabeth P. Steinhaus, M.D., F.A.C.S.
Diplomate American Board of Surgery

Jennifer L. Amerson, M.D.,F.A.C.S.
Diplomate American Board of Surgery

Brenda B. Simpson, M.D.,F.A.C.S.
Diplomate American Board of Surgery

Pamela M. Donlan, M.D.
Diplomate American Board of Radiology

Carrie L.Stallings, M.D., F.A.C.S.
Diplomate American Board of Surgery

Courtney E.Stewart, M.D.
Diplomate American Board of Radiology

Meredith H. Redden,M.D., F.A.C.S.
Diplomate American Board Surgery

Deborah A.Cunningham, M.D.
DiplomateAmerican Board of Radiology

Please initial below

________I understand that I will be receiving a diagnostic mammogram today.

________I understand that my service may be subject to my deductible and/or co-pay with my insurance plan.

________I understand that I should consult with my insurance on the coverage of this service should any questions arise.

____
Patient Name

____
Patient Signature

____
Date