

HEALTH INSURANCE PLAN  
AGREEMENT

I understand Dr. M. Mitchell Silver is accepting me as a Health Insurance Plan patient. These services may include but not limited to:

- \*New Patient
- \*Established Patient
- \*Pregnancy
- \*Annual
- \*Illness
- \*Surgery
- \*Office Procedures (Ultrasound/Leep/Urodynamics/Colpo)
- \*Other: \_\_\_\_\_

Although Dr. Silver is happy to accommodate the patient and their health plan, it is important to remember that the patient is ultimately responsible for paying for any and all services received. This may include services in which the insurance plan *1) does not cover; 2) deductibles; 3) co-payments; and 4) non responsive insurance companies*. Dr. Silver will not file a claim to Medicaid for services provided to me.

Date: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

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