

Wesley A. King, M.D.

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OUT OF NETWORK BENEFITS

I understand that I have an insurance policy, which allows me to use both in network and out of network providers.

_____ **At this time, I am choosing the OUT OF NETWORK benefits of my insurance policy. Where I can chose any doctor of my choice with no authorization. I fully understand that I may be responsible to pay a yearly deductible, co-payments and any portion that is not covered by my insurance company.**

NON PROVIDER

_____ **At this time, I am choosing Dr. King as my neurosurgeon. I am fully aware Dr. King is a non provider for my insurance company. Therefore I will be responsible for a higher co-payment, deductible or any portion not covered by insurance company.**

Signature: _____

Date: _____

Print name: _____