

Wendy R. Gottlieb, M.D.

1800 Town Center Drive

Suite 418

Reston, VA 20190

INSURANCE NON PARTICIPATION FORM

I, _____ understand that Dr. Wendy Gottlieb does not participate with _____ insurance. This means that my claim will be out of network and that I will be responsible for any deductible, co-insurance and balance not covered by my health insurance.

Printed Name

Signature

Date