

**Laurie Gordon , M.D.**

14 East 4th Street 401  
New York, NY 10012

Office: (212) 358-1577

**Out-of-network Advance Patient Notice Form**

You are seeking service(s) from Dr. Laurie Gordon. Dr. Gordon is a non-preferred or an out-of-network provider for your insurance.

You have the right to receive services at a participating facility or by a participating physician or provider with your insurance company in order to obtain full benefits under your health coverage. If you have questions or would like to locate an in-network physician, provider or facility to provide the service or procedure, please contact your insurance customer service at the telephone number listed on your insurance identification card.

**To be completed by the patient or patient's legal guardian:**

By placing my signature on this waiver form below, I acknowledge the following:

1. I am aware that Dr. Gordon MD, does not participate with my insurance discounts or write-offs.
2. I understand that I may be responsible for additional costs for all services provided by Dr. Gordon, MD, as specified in my benefit contract.
3. I am voluntarily choosing on behalf of myself or my child/legal guardian to obtain the services or procedures from Dr. Gordon, MD.

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(1) Name of Insurance

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(2) Signature of Patient, Parent  
(if patient is under age 18) or Legal Guardian

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(3) Date

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(4) Printed name of Patient, Parent (if patient is under age 18)  
or Legal Guardian

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(5) Patient DOB