

*C.C. MEDICAL SERVICES
Dr. Christopher Calapai
1101 Stewart Ave
Suite 201
Garden City N.Y. 11530
P (516) 794-0404 F (516) 794-0332*

STATEMENT OF FINANCIAL RESPONSIBILITY

I understand that Dr. Calapai emphasizes a nutritional approach and that some forms of treatment may not be covered by my insurance company. I also, understand that I am financially responsible for all charges incurred at the offices of C.C. Medical services.

Signature of
* Patient _____
(parent or guardian in case of minor)