

*Coastal Bariatrics, P.C.  
Jeffrey L. Caylor, D.O.  
1668 North Pine Street  
Foley, AL. 36535  
251-970-1295*

I, \_\_\_\_\_, do hereby understand that my insurance has been verified and may pay for my Laparoscopic Adjustable Gastric Band surgery. All incurred expenses are my responsibility. By signing below I understand and accept that any and all amounts not covered by my insurance is my responsibility and is expected to be paid in full upon request.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Date/Time