



Houston Center
*for Spinal Reconstruction
and Disc Replacement*

Workers Compensation Waiver

I _____, understand that by using my Workers Compensation Insurance I will not be able to use my commercial insurance for the same injury that is being covered by my workers compensation insurance.

I understand that in the event that my workers compensation does deem my injury as non- compensable, I will not be able to use my commercial insurance for my visits, and I will be seen by B. Christoph Meyer MD, P.A. as a cash patient.

I have read and fully understand this statement.

X _____ Date _____

Private Health Insurance Waiver

I _____, understand that by using my Private Health Insurance on my initial visit, I will not be able to use any form of workers compensation insurance for the same injury.

I have read and fully understand this statement.

X _____ Date _____