All American Ob/Gyn
413 Owen Drive
Suite 101
Fayetteville NC 28304

I _____ understand that with the Family Planning Waiver I can only be seen for Annual Exam and Birth Control. **If I am seen for a diagnosis that is not covered under the Family Planning Waiver then I am taking responsibility for the bill created on that date of service**. The diagnoses covered under the family planning waiver were supplied to you by you case worker.

Patient Name: _____

Signature _____

Date: _____

Witness: _____

Date: _____