

**Dr. Susan Schwartz D.O.**  
**9005 South Pecos, Suite 2610**  
**Henderson, NV 89074**

Dear Patients,

Due to the enormous changes in healthcare and the multitude of plans being offered, this is a gentle reminder to be aware of your insurance prior to being seen.

If you are unsure, we ask that you phone the customer service number on your insurance card. This will avoid any unnecessary expenses on your part.

**LABORATORY**

\_\_\_\_ CPL                      \_\_\_\_ LMC                      \_\_\_\_ Lab Corp                      \_\_\_\_ other

**RADIOLOGY**

\_\_\_\_ West Valley Imaging                      \_\_\_\_ Red Rock Radiology                      \_\_\_\_ Steinberg  
\_\_\_\_ Desert Radiology                      \_\_\_\_ Pueblo Medical                      \_\_\_\_ Insight Imaging  
\_\_\_\_ Nevada Imaging Centers                      \_\_\_\_ Diagnostic Imaging of S. NV                      \_\_\_\_ other

**PHARMACY**

Pharmacy: \_\_\_\_\_

Address or Cross Streets: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing below, I acknowledge that any statements generated from the above providers are solely my responsibility.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_