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NAME _____ PHONE# _____

INSURANCE COMPANY _____

ID# _____ GROUP# _____

Series of 3 injections (\$150.00 each) = \$450.00 TOTAL

GARDASIL PURCHASE AGREEMENT

If I have insurance, Specialty Care & Surgery Center, will coordinate the billing with my insurance company. All costs of the injection not paid for by my insurance company will become my responsibility. Should my insurance company not reimburse, I will be contacted and my credit card will be charged in full for the injection. I authorize any holder of applicable medical information about me to be released to my insurance company which may be required to determine the benefits payable for injection related services. By signing below, I understand and agree to the above terms and authorize my credit card to be charged in accordance with the above terms.

Credit Card Number _____ Visa MasterCard Discover

Expiration Date _____ SIGNATURE _____