



MIDATLANTIC UROLOGY ASSOCIATES, LLC.

**SEXUAL DYSFUNCTION/INFERTILITY
PROMISSORY NOTE**

Sexual Dysfunction (Erectile Dysfunction, Impotence and Premature Ejaculation) and Infertility are not covered by a majority of Insurance Companies. I understand that my Insurance may not cover office visits and procedures related to Sexual Dysfunction and/or Infertility. I understand that I am fully responsible for all charges related to these problems. I will pay in advance the entire fee for my office visits and/or procedures and if my insurance reimburse the offices of MidAtlantic Urology Associates, LLC., I will be reimbursed by the physician's office.

Date: _____
Patient Signature(Printed): _____
Patient Signature: _____
Patient Date of Birth: _____
Witness: _____