

**William L. Caton III, M.D., Inc.**

*Diplomate, American Board of Neurological Surgeons, F.A.C.S.*

*Fellows of the American College of Surgeons*

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## Preferred Provider Agreements

I, \_\_\_\_\_, understand that William L. Caton III, M.D., is only contracted with the following carriers:

Aetna

Allied Health

Blue Cross

Blue Shield

Medicare

HealthCare Partners

Physicians Associates and any secondary insurance carriers to Medicare

United Healthcare

Further, I understand that if Dr. Caton is not contracted with my insurance company, Dr. Caton may not receive compensation from my carrier.

Based on the foregoing, I agree that I am responsible for all charges incurred regardless of when and how much my insurance company pays on the claim **for all non-contracted insurance carriers.**

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE