

*Vestibular Medicine*  
**Dr Scott Sanders, MD, PhD**

*Vestibular Diagnostic Testing*  
**Dr Sandy Bratton, AuD**

*PT/Vestibular Rehabilitation Therapy*  
**Stephanie Ford, PT**

*Practice Managers*  
**Missy Layer**

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**Specializing in the diagnosis and treatment of:**

- Dizziness
- Vertigo
- Imbalance

**Services:**

- Vestibular Function Testing
- Physical Therapy
  - Vestibular Rehabilitation

## **NOTICE OF FINANCIAL RESPONSIBILITY**

I, \_\_\_\_\_, understand that telemedicine  
(print name of patient)  
protections have expired and unless/until Congress extends telemedicine rights  
again, my health insurance may or may not cover my necessary telemedicine visit  
with Dr Sanders. If my insurance does not cover my telemedicine visit, then I  
agree to pay \$80.

\_\_\_\_\_  
Signature (patient or responsible party)

\_\_\_\_\_  
Date