

We are pleased to offer you the service of billing your insurance company for care you have received from Dr. Jeffrey Bongiorno. We will fulfill our obligation by completing the necessary forms and documentation pertaining to your claim.

It is your responsibility to be aware of your policy limitations and requirements, including referrals needed, pre-certifications and authorizations. It is your responsibility to obtain these forms if your insurance require them. If these documents are not received, you are financially responsible for payment of all charges related to that visit.

It is also your responsibility to notify us of any changes in your insurance. Copays and deductibles are due on the date of service. If you do not have insurance, payment is due in full, at the time of the visit. Service charges are usual and customary in this field. Your health insurance allowance may not coincide with our fees due to their fixed fee schedule.

You should be aware that different insurance companies vary greatly in type of coverage available. Ultimate responsibility for payment for service rendered is yours.

WITH MEDICARE WE AGREE TO ACCEPT THE CHARGE DETERMINATION OF THE MEDICARE CARRIER AS THE FULL CHARGE, YOU ARE RESPONSIBLE ONLY FOR DEDUCTIBLE, COINSURANCE AND NON-COVERED SERVICES AS DETERMINED BY THE MEDICARE CARRIER.

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician, for either myself or my dependant. I understand that I am financially responsible for any balance. I also authorize PORT WASHINGTON PODIATRY or insurance company to release any information required to process my claims. I have read the above statement and understand it.

Patient/Guardian signature _____ Date _____