

PATIENT RESPONSIBILITY

Having the correct insurance information at all times is very important to us.

Most insurance companies have a timely filing period of 60 days. If we are given inaccurate information and bill the wrong insurance, it could affect the filing time limit with the correct carrier. **So please, anytime you have new information, let us know immediately.**

I am aware that all insurance information I have provided Orthopaedic Surgeons of LI is to be accurate and up to date. I am also aware that I am responsible to follow all the rules sand regulations that are implemented by my insurance carrier. This includes obtaining a proper referral form/authorization for my visits / MRI / X-Ray / PT / OT (if applicable), bring the referral form and/or referral number/authorization number with me to my appointments and any other rules I must follow with my insurance carrier. If my insurance does not cover my visits / MRI /X-Ray /PT / OT for any reason, I am responsible for the payment within 30 days of the denial.

I understand that there will be a billing service charge of \$10 for each statement mailed to me. I also understand that if I do not pay the balance in full within 60 days of the date of the statement, Orthopaedic Surgeons of LI may enter this balance on credit reporting registries, which will likely affect my overall credit rating.

Print Patient Name: _____ Date: _____

Patient Signature: _____