



Able Orthopedic & Sports Medicine, PC

www.ableorthopedic.com

76-55 Austin Street
Forest Hills, NY 11375

Tel: 718-897-2228
Fax: 718-897-2251

Patient Acknowledgement of the Notice of Physicians as a Non-Participating Provider

I acknowledge that I was provided with a copy of Able Orthopedic and Sports Medicine (AOSM) notice of Physician as non-participating provider of my medical insurance.

I verify the accuracy of the information of this form. I hereby authorize direct payment of surgical/medical benefits to my physician for services rendered by him/her in person or under his/her supervision if I have not paid in advance. I understand that I am financially responsible for all services. Additionally, I will work with the doctor's office to have Compensation and No Fault claims paid to the doctor, and I understand that all bills are my responsibility if not paid by the carrier.

AOSM will provide you a receipt so can file the claim with your insurance company. In addition, I understand that I am responsible for obtaining referral authorization from my primary care physician if needed, paying my deductible, co-pay, coinsurance and any services that are not covered by my plan, at the time of my visit.

I hereby authorize my physician to release any Medical or Incidental Information that may be necessary for either medical care or in processing for financial benefits.

I have read, understand and agree to this Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payment and deductible are my responsibility and are payable immediately upon receipt of patient statement of account.

I authorize my insurance benefits to be paid directly to Able Orthopedic and Sports Medicine. In case the payment from the insurance company is issued directly to me, I will be responsible to forward the payment to Able Orthopedic & Sports Medicine.



Patient Signature

Date