

Allergic & Asthmatic

COMPREHENSIVE CARE OF NEW JERSEY

Your home for focused one-on-one solutions

Eric S. Applebaum, M.D., FACAAL, Medical Director
3799 Route 46 East, Suite 205, Parsippany, NJ 07054-1101 ♦ Telephone (973) 335-1700

Dear Dr. Applebaum:

I understand and accept any requirements or limitations placed upon me by my specific Managed Care Organization or Insurance Plan. I understand that I am solely responsible to know such limitations and/or requirements in order to receive medical services in your office. It is my responsibility to:

1. Obtain all necessary referrals/authorizations and present them to your staff prior to any medical services rendered to me.
2. Keep track of the number of services authorized in order to provide your office with a new authorization/referral when necessary prior to receiving any medical services in your office.
3. Know what services are or are not covered under my plan/contract with my insurance company. I will be responsible for any services that may be denied by my health plan. I will contact my insurance company should there be any disagreement over authorizations or payment for services rendered denied.
4. Should your staff allow me to delay payment for services rendered, I understand that this is a courtesy and that payment may be required in the near future.
5. Under no circumstances do I expect that your staff will obtain required authorizations or referrals for services rendered and while they may assist me occasionally in obtaining these required and necessary authorizations or provide me with helpful information, any such assistance is a courtesy and is not expected under most circumstances.

I have had the opportunity to ask any questions about the above statements and have such questions answered.

Signature: _____

Print Name: _____

Staff Witness: _____

Date: _____