

WASHINGTON AVENUE PEDIATRICS, L.L.C.

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Insurance Coverage and Financial Responsibilities

In the past few years, the number of health insurance programs has increased at an amazing rate. Even within one company, there may be several plans with varying benefits, requirements and specific restrictions unique to each plan. Insurance companies may not cover routine and annual exams scheduled less than a year apart and some vaccinations may not be covered. Many insurance plans restrict you to using only their affiliated hospitals for blood tests, x-rays or emergency room visits. In addition, these restrictions frequently change without notification. Many insurance plans restrict you to using certain laboratories for blood and urine testing and throat cultures. There are companies that require pre-authorization for x-rays and others that do not. Some insurance plans will not cover services that have always been available to you in our office, such as some blood tests, urine testing and venipuncture.

We are sorry if this causes some inconvenience, but the complexities of today's health care system makes it impossible for us to know the details of every plan.

It is your responsibility to know and advise us of your plan's requirements in advance, each and every time we provide a service. We will do our very best to comply with any reasonable requirements that your program may have.

Please understand that if we have not been advised in advance of your plan's requirements or conditions and we provide a service or use a laboratory or consultant that is outside of the program, you will be responsible for the appropriate fees. Your insurance carrier should have provided you with a phone number to call if you have any questions about your coverage.

I have read the above statement regarding my responsibilities toward my insurance carrier and agree that I am ultimately responsible for any fees that are not covered by my insurance. This applies to all covered family members.

I understand that I will be responsible for any charges incurred by Washington Avenue Pediatrics while attempting to collect a debt owed by me.

Patient Name: _____

Patient/Parent or Guardian Signature: _____

Date: _____