



TRAVEL RELATED OFFICE POLICY INSURANCE DISCLAIMER & FINANCIAL RESPONSIBILITY

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Patient is solely responsible for payment to this office:

As a travel patient of this office, you will receive services that are considered 'elective' by many health insurance companies. As such, your health insurance carrier may or may not provide coverage for the travel related services you receive through this office. Therefore, it is the policy of this office that as a travel patient, **you are directly responsible for payment of any travel related services provided.**

This office expects payment from you at the time the travel related services are rendered. We will only accept payment from the patient and will not seek reimbursement from your health insurance provider. Thereafter, you may seek payment from third parties, including but not limited to your health insurance company. If your insurance company currently requires a referral to see a specialist, you may need to submit that also. This office makes no representation as to the amount that is charged compared to the amount the patient may be reimbursed by the third party. Additionally, there is no guarantee by this office that you will receive payment from a third party provider. Further, this office will not provide any refunds based upon amounts received by the third party.

It is extremely important that you understand that your contract for health insurance coverage may have an allowable amount for each travel service and/or procedure that is covered. This amount is determined by your health insurance company. In certain instances, you may receive reimbursement from your health insurance company that does not equal the amount billed by this office. Importantly, your health insurance carrier may **only pay** a percentage of the travel service provided, or **deny coverage entirely.**

We thank you for your confidence in our office and look forward to providing you with outstanding care and service.

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL TRAVEL CARE AND TRAVEL SERVICES PROVIDED.

Name of Responsible Party _____

Relationship to patient _____

Signature _____ Date _____

Witness _____ Date _____