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Financial Policy Regarding Motor Vehicle Accidents and Liability Injuries

Patient Name: _____

Account # _____

If you are seeing one of our providers due to a medical condition that is the result of a motor vehicle accident or other potential third-party liability injury, our office has adopted the following financial policy:

1. In all instances, our contract to provide services is with you, our patient. We customarily file insurance as a courtesy, but you are ultimately responsible for payment of the services provided to you by any of our physicians. Due to the varying restrictions and policies of insurance plans regarding third-party liability claims, we will not file insurance with a third party insurance company or entity.
2. If you have a commercial insurance plan (BCBS, Cigna, Aetna, etc), and we participate with that plan, we will file your claim with your insurance carrier. However, if your claim is denied for any reason, you are immediately responsible for the entire balance.
3. When your insurance company receives the claim, they will probably send you an Accident Questionnaire that will be very important for you to complete and return.
4. If you have a government sponsored plan (Medicaid, Medicaid HMO, Tricare) we can not file a claim subject to third party responsibility with your insurance as the policy of these plans states that they are ALWAYS THE PAYOR OF LAST RESORT with respect to any third-party liability claims.
5. If you have one of the government plans identified above, or any other plan that clearly states they will always be the payer of last resort, you will be responsible for any bill(s) related to the third party injury in their entirety at the time of service. If you can not pay the entire bill, we will work out satisfactory payment arrangements in advance.
6. We do not accept letters of protections from attorneys.

I _____ acknowledge receipt and understanding of the items outlined in this Financial Policy.

Patient/Parent/Guardian Signature

Printed Name

Date