

ORANGETOWN ORTHOPEDIC ASSOCIATES

99 DUTCH HILL ROAD,
ORANGEBURG, NEW YORK 10962

TELEPHONE (845) 359-1877
FAX (845) 359-2449

RICHARD SEMBLE, MD
MARC A. BEREZIN, MD
JORDON A. SIMON, MD
L. PAUL BRIEF, MD

AUTHORIZATION TO BILL PRIVATE INSURANCE

I authorize Orangetown Orthopedic Associates, Dr. Richard Semble, Dr. Marc Berezin, Dr. Jordan Smith, Dr. L Paul Brief or Dr. Gail Chorney to bill my private insurance in the event my:

1. Compensation or No Fault claim is closed or denied.
2. Compensation or No Fault insurance company applies a deductible, co-insurance or any other out of pocket expense that might be covered under my private insurance.
3. My compensation case is controverted.

Private Insurance Information (if available please give insurance card to front desk)

Primary Insurance Carrier Name: _____

Address: _____

ID #: _____ Group #: _____

Insured's Name: _____
(If different from patients)

Insured's Date of Birth: _____ Social Security #: _____

Patient/Guardian Signature

Date