

ORANGETOWN ORTHOPEDIC ASSOCIATES

99 DUTCH HILL ROAD,
ORANGEBURG, NEW YORK 10962

TELEPHONE (845) 359-1877
FAX (845) 359-2449
www.OrangetownOrtho.com

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

FINANCIAL RELEASE FORM

I _____ ACKNOWLEDGE THAT I AM

SEEING DR. _____ WITHOUT ANY/OR SUFFICIENT INSURANCE

INFORMATION AND / OR REFERRAL. IN DOING SO I UNDERSTAND THAT I AM FINANCIALLY LIABLE FOR THE FULL AMOUNT OF THE SERVICE INCURRED IF MY INSURANCE COMPANY DOES NOT HONOR THE CLAIM.

DATE OF SERVICE: _____

Patient/Guardian Signature

Date

PLEASE NOTE THIS FORM IS FOR ALL INSURANCE PLANS THAT HAVE OUT-OF-NETWORK BENEFITS ONLY.

IF YOUR INSURANCE PLAN DOES NOT HAVE OUT-OF-NETWORK BENEFITS YOU MUST RESCHEDULE YOUR APPOINTMENT AND GET A REFERRAL.