



AGREEMENTS AND DISCLOSURES

INSURANCE AUTHORIZATION AND ASSIGNMENT

I certify the information provided is true and accurate to the best of my knowledge and I will notify you of any changes. I authorize the release of any medical information necessary for the processing of insurance claims. I assign all medical and surgical insurance benefits to Morristown Otolaryngology Group, L.L.C. (Morristown Otolaryngology) unless my account has been paid in full. This assignment will remain in effect until revoked by me in writing.

NOTICE OF PRIVACY PRACTICES

In compliance with Federal Privacy Law (HIPAA), I understand I am entitled to review your office Notice of Privacy Practices. A copy of these practices is available to read and is posted in your waiting room. I may request a copy of these practices. In signing below, I acknowledge receiving notification of these practices and decline receipt of a personal copy.

FINANCIAL AGREEMENT

Morristown Otolaryngology is committed to providing quality medical care. We are pleased to discuss our professional fees or financial policies at any time.

In signing below, I agree as follows:

1. Payment of my bill is my responsibility, including the payment of all deductibles, co-payments and co-insurance, regardless of the plan I have including, but not limited to, Blue Cross and Blue Shield plans and CoreSource;
2. It is my responsibility to know and understand my insurance contract including any in-network and out-of-network benefits by contacting my insurance carrier prior to each visit, procedure or test;
3. It is my responsibility to contact my insurance carrier to determine whether Morristown Otolaryngology, any of its physicians, or testing or surgical sites, are in-network or out-of-network;
4. It is my responsibility to contact my insurance carrier to determine whether written referrals, authorizations, or pre-certifications are required;
5. I am responsible for a \$35 fee for missed appointments and appointments cancelled with less than 24 hours notice;
6. Morristown Otolaryngology does not participate in Medicare, I am responsible for paying Medicare charges at the time of my visit, and Morristown Otolaryngology will submit claims to Medicare for my direct reimbursement.

SURGICAL AFFILIATIONS

Dr. Peron and Dr. Fleming perform surgery at the Morristown Memorial Hospital, 100 Madison Avenue, Morristown; Morristown Memorial Ambulatory Center, 111 Madison Avenue, Morristown; and, Florham Park Surgical Center, 83 Hanover Road, Florham Park. They have a financial interest in the Florham Park Surgery Center, an "out-of-network" surgery center. You have your choice of health care service providers; a listing of alternate health care service providers may be found in the yellow pages of your phone book.

PATIENT / PARENT SIGNATURE _____ **Date:** _____