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**OFFICE POLICY ON MANAGED CARE AND OTHER THIRD PARTY
PAYORS
(INSURORS)**

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs and continue to accept or participate in other insurance plans. While we are pleased to be able to provide this service to you, it is very difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and even more importantly, where those services may be performed. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality medical care for our patients is our primary concern. We are more than willing to comply with your insurance contract guidelines if you let us know at each visit exactly when precertification for services is required. Unfortunately, if you do not inform us of any special requirement in your contract and we subsequently order services, such as labwork, Cat Scans, MRI's or hospitalization that are not covered, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for these charges is then your responsibility.

With your cooperation and help in knowing your insurance contract, you should be able to receive all the benefits offered to you, and we will be able to concentrate on caring for your medical needs.

I have read and understand the office policy stated above and agree to accept responsibility as directed.

Signature _____ Date _____

NOTICE OF PRIVACY PRACTICES

In compliance with Federal Privacy Law (HIPAA) you are entitled to review our office Notice of Privacy Practices. A copy of these practices is available for your review and posted in our waiting room. If you wish a copy of these practices, kindly ask our receptionist. In signing below you acknowledge notification of these practices and decline receipt of a personal copy

Signature _____ Date _____