

The Center for Specialty Care
50 E69th Street
New York, NY 10021
(212) 249-8000
(212) 249-7300 Fax



PLEASE READ THIS STATEMENT & AGREEMENT CAREFULLY

The Center for Specialty Care staff has contacted your insurance company to verify your benefits. The information obtained during this phone call includes your policy deductible, co-insurance, percentage of coverage and pre-certification requirements. Our billing policy is to collect the estimated deductible/coinsurance charges discovered during the confirmation of benefits phone call on the Day of service. Patients are notified prior to their date of service of this patient responsibility. Under certain circumstances, the patient may not be able to be contacted; hence they may be unprepared to make payment on the date of service. Therefore, please sign this statement confirming that you understand that you will be balance billed for these charges if attached to our fee by your insurance.

I certify that I will make payment for any insurance deductible or co-insurance or any other related expenses (Denied Charges) that will be billed for my procedure at the Center for Specialty Care.

Please note this charge is separate from the Surgeon's charge and Anesthesia

Patient Name (Please Print) _____

Signed _____

Date of Service _____