

SUFFOLK SURGICAL ASSOCIATES, P.C.

10 Brentwood Road; Suite 1
Bay Shore, N.Y. 11706
(631) 665-8200 Fax (631) 665-8914

Robert D. Turoff, M.D., F.A.C.S.
Marc E. Finkelstein, M.D., F.A.C.S.

*General Surgery
Colorectal Surgery
Surgical Oncology*

SURPRISE MEDICAL BILL ASSIGNMENT OF BENEFITS FORM

Dear Patient:

You received care from either Dr. Turoff and/or Dr. Finkelstein.

Dr. Turoff and/or Dr. Finkelstein does not participate in your insurance plan.

We will be happy to bill your insurance company. Please understand that you will only be responsible to pay an amount (if any) for any copays, coinsurance amount and deductibles as determined by your insurance company.

Please fill out and sign the information below so that we can forward this form with a bill for the services rendered to you. Please return the completed form at your earliest convenience.

This letter will serve as an assignment of benefits so your insurance company will pay our office directly. If you should receive payment from the insurance company for services rendered, please contact the office immediately.

I assign my rights to payment to my provider and I certify to the best of my knowledge that:

I (or my dependent) received a surprise bill from a health care provider. I want the provider to seek payment for this bill from my insurance company (this is an "assignment"). I want my health insurer to pay the provider for any health care services I or my dependent received that are covered under my health insurance. With my assignment, the provider cannot seek payment from me, except for any copayment, coinsurance or deductible that would be owed if I or my dependent used a participating provider. If my insurer paid me for the services, I agree to send the payment to the provider.

Your Name: _____

Your Address: _____

Insurer Name: _____

Your Insurance ID No.: _____

Provider Name: _____ **Provider Telephone Number:** _____

Provider Address: _____

Date of Service: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(Signature of patient)

(Date of signature)