

M. H. Aly, M.D., P.C.
1910 Richmond Road - Staten Island, NY 10306

Patient Responsibility Form

Payment Policy

It is our payment policy to collect the appropriate payment due from the patient at the time the service is rendered.

This may only be co-payment or deductible and/or co-insurance according to your Health Insurance company benefit plan, but we do ask for payment at time of your visit/treatment.

We contacted your health insurance company _____ for an estimate of your health care benefits for the following procedures(s)/service(s).

- Chemotherapy Treatment
- Neupogen Injection
- Procrit Injection
- Other _____

Your health insurance co benefit plan indicates that you are responsible for the following estimated charges:

\$ _____ Deductible	\$ _____ for Procrit Inj
\$ _____ Co-payment	\$ _____ for Neupogen Inj
\$ _____ Co-insurance	\$ _____ for Chemo
\$ _____ Out of Pocket	\$ _____ other charge(s)

Your plan policy indicates that a pre-authorization is required. The billing office staff received the following authorization number _____ from your health care company.

Patient medical billing process

The billing office staff will submit a medical claim to your primary insurance for processing. **It is important to give your updated information to the front office staff.** The remaining claim will be sent to your secondary insurance company, if provided, after payment is received by the primary insurance. The Billing office staff will then mail you a statement for your portion if any as indicated above.

You are responsible for any outstanding balance as outlined in your EOB (Explanation Of Benefit).

For questions about your bill, please call the billing office at: (718) 987-1420 or 1430 Monday through Friday between the hours of 9-5.

Patient Name: _____

Patient Signature: _____ Date: _____