

Farbod Malek, M.D.
Bone & Joint Surgery
Associates P.A.

Financial Responsibility Notification

All patients are financially responsible for payment of charges related to the professional services rendered by Dr. Farbod Malek. Payment, for professional services, is expected at the time the services are rendered.

Farbod Malek, M.D. has entered into a number of contractual relationships with various Managed Care Organizations. The practice will use its best efforts to fully comply with all the rules and regulations covering physician Managed Care Organization and patient responsibilities related to these plans. In adherence to these responsibilities, patients are expected to pay co-payments and deductibles at the time services are rendered and to pay any remaining account balances as allowed under plan guidelines.

In the event the practice provides services in cases involving third party liability, patients acknowledge their responsibility for the timely and complete payment of charges for professional services rendered. The office will assist in providing the necessary information for patients to obtain reimbursement from the third party, however, the patient expressly agrees that this assistance in no way shifts the reimbursement responsibility from the patient.

Statement of Financial Responsibility

I understand and affirm that I am financially responsible for the payment of all charges related to the professional services rendered by Dr. Farbod Malek on my behalf.

Signature of Patient or Personal Representative

Date

Release and Assignment of Benefits

I request payment under any medical insurance program including Medicare and any Medigap company be made to Farbod Malek, M.D

I hereby authorize Farbod Malek, M.D. to release any information including diagnosis and record of any treatment or examination rendered to me as necessary to have my insurance claims paid.

A xerographic copy of this authorization shall be considered as effective and valid as the original.

Signature of Patient or Personal Representative

Date