

New Jersey Foot and Ankle Specialists, LLC

Theodore Roberto DPM, Amanda Gallagher DPM

Diplomate, American Board of Podiatric Medicine
Board Certified, Primary Care in Podiatric Medicine

973-944-0226

www.NJfootspecialists.com



Fellow, Academy of Physicians for Wound Healing
Board Certified, Limb Salvage and Preservation

1700 Route 23 Ste 160

Wayne, NJ 07470

Insurance Assignment and Release

I certify that I assign benefits directly to New Jersey Foot and Ankle Specialists LLC (Dr. Theodore Roberto and Dr. Amanda Gallagher – referred to in this document as THE DOCTOR). I understand that I am financially responsible for charges not paid by my insurance company. I authorize this office to submit my insurance claims for me for services rendered and I authorize the use of my signature on all insurance submissions. It will appear as signature on file in the appropriate box on the insurance claim form or electronic submission. I understand that I will be advised in advance of charges for any services and/or supplies **not** covered by my insurance. (i.e., Medicare does NOT cover orthotics, post-op shoes etc.)

I have been advised that any outside form (i.e. worker's comp, disability, travel insurance etc.) to be filled out by the doctor, will cost \$30 per occurrence, due at time of service.

I understand that I am responsible for a co-payment (or deposit towards the deductible amount if deductible has not been met) at time of service.

I understand my insurance may mail an Explanation of Benefits ("EOB") and check addressed to me; therefore I will be responsible for reassigning the entire amount of the check along with the "EOB" to Dr. Theodore Roberto within 14 days of receipt. Failure to send in payment in accordance with this agreement may result in further collection fees incurred and direct billing of the full billable amount to me.

THE DOCTOR may use my health care information and may disclose such information to the above named insurance company, and their agents (including adjuster or attorney) for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. I further authorize the doctor named above to initiate a complaint to the Insurance Commissioner for any reason on my behalf, and to deposit checks received from my insurance company in my name. This consent will end when my current treatment plan is completed or upon transfer of care.

I hereby instruct and direct my Insurance Company to pay by check made out and mailed directly to NJ Foot and Ankle Specialists (1700 Rte 23 Suite 160 Wayne, NJ 07470).

For the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. I also attest, that any unpaid balance related to co-payment or deductible will only be permitted due to personal financial hardship which will be determined on a case by case basis. This "case by case" assessment will use uniform guidelines to determine, in good faith, the ability (or inability) of the patient to pay said balance.

A photocopy of this Assignment shall be considered as effective and valid as the original.

Print Name: _____ Date: _____

Signature of patient/policy holder: _____

*New Jersey Foot and Ankle Specialists are happy to bill your insurance directly; however, we must have a copy of your insurance card. If you do not have your insurance card with you, full payment is due at the time services are rendered.