



URGI-MED FAMILY MEDICAL CENTER
FAMILY MEDICINE WITH DEDICATION AND COMPASSION
400 RT 10 WEST RANDOLPH, NJ 07869
TEL: 973-891-1321 FAX: 973-206-5049

ADVANCE BENEFICIARY NOTICE

I agree to be personally responsible for payment if my insurance company denies payment this is including but not limited to, routine screens, annual physicals, vaccinations, x-rays, and any other diagnostic procedures. As well as orthopedic supplies and certain medications that are not covered by insurance and must be paid upfront at the time of service.

It is my responsibility to inform Urgi-Med and its staff if any of my insurance information has changed. If any correct and updated insurance information is not on file, I will be responsible for any and all incurred laboratory fees.

I understand that all bills regarding laboratory work are my responsibility; regardless of billing errors do to managed care requirements.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

Medicare Patients Only

Medicare will only pay for services that it determined to be "Reasonable and Necessary" under section 1862 (a)(1) of the Medicare Law. I understand that if Medicare determines that a particular service, that would otherwise be covered, is not "reasonable or necessary" and refuses payment of service I am responsible for all uncovered costs.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____