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Please be advised that it is the responsibility of the insured to know the specific benefits and requirements of their respective health insurance program. There is no way we can keep up to date with each program's specific provisions.

- Some programs require a specific facility to be used for radiologic procedures, blood tests or any other testing that may be required.
- Pre-authorization may be required
- Patients may be responsible to notify their health insurance program of hospital admissions or emergency room visits, often requiring specific information regarding hospitalizations.
- It is the responsibility of the primary insured to know whether this office is participating with your particular plan and insurance.

Please notify your health insurance program that you choose this office as your primary physician. Many health insurance programs require this.

Please be aware of you insurance company's policy regarding well check-ups, vaccines, and other procedures every time we provide a service.

Please understand that if we have not been advised in advance of your insurance's requirements or conditions, and we provide a service or use of a laboratory that is outside of the requirements or conditions of your program, that you will be responsible for the appropriate fees. Furthermore, it may be necessary to obtain a consultant or laboratory that is not participating with your program.

You will be required to work out any and all details with your respective insurance company. Please be aware that some insurance companies have agreements with specific laboratories. If you prefer to have a procedure done that is outside of your respective insurance program, please let us know and we will advise you of any additional cost.

Please remember that these are your insurance company's regulations. Please follow them carefully, or your insurance company may decline all or part of your claim.

Please contact your insurance carrier if you have any questions about your coverage.

I acknowledge receipt of this information.

Signature: _____ Date: _____

Printed Name: _____