

You can complete this form online.
PRINT the form and sign it.
Fax it or bring it to your office visit.

PAUL E. HAMMERSCHLAG, MD, FACS
650 FIRST AVENUE
NEW YORK, NEW YORK 10016
(212) 889-2600

NOTICE OF PATIENT RESPONSIBILITY

Patient Name: _____
Health Plan Name: _____
Patient Health Plan ID Number: _____

As an enrollee of the above named health plan, I understand that some health plans require a referral from my Primary Care Physician for services provided by this medical practice.

Please review the situations described below and place a check mark by the description that best explains your understanding of why no referral authorization exists.

_____ I did not obtain prior referral from my Primary Care Physician and I am knowingly self-referring for this visit. I understand that I will be responsible for the cost of services provided today.

_____ I did not obtain prior referral authorization from my Primary Care Physician because I do not believe it is required. I understand that if I am incorrect I will be responsible for the cost of these services.

_____ My Primary Care Physician has agreed to refer me for this visit and it appears that this office has not yet received the appropriate referral authorization. I understand that it is my responsibility to contact my Primary Care Physician to confirm this referral and to obtain and provide this office with documentation of the authorization for this visit. If the referral authorization is not confirmed and provided to this office within 48 hours, I will be responsible for the cost of services rendered.

Signature _____

Name _____

Today's Date: _____

Please be advised of NY Penal Code, Section 176.05

A fraudulent health care insurance act is committed by any person who, knowingly and with intent to defraud, presents, ...a claim for payment, services or other benefit pursuant to such policy, contract or plan, which he knows to : (a) contain materially false information concerning any material fact thereto; or (b) conceal, for the purpose of misleading, information concerning any fact material thereto...

The failure to provide accurate information as to your insurance coverage, or the obtainment of services through deception, such as by misstatements, or by the false use of insurance IDs, constitutes a fraudulent act.

Such acts are also subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.