

Princeton Otolaryngology Associates, P.A.
7 Schalks Crossing Rd, Suite 324
Plainsboro, New Jersey 08536

Scott L. Kay, M.D., F.A.C.S.

Rajool Dave, Au.D., CCC-A

AGREEMENT TO PAY AND CONSENT TO FORWARD REPORT

I acknowledge that I am legally responsible for the medical services rendered by Princeton Otolaryngology Associates, P.A., regardless of any reimbursement to which I may be entitled by reason of insurance or legal claims.

I am aware that it is solely my responsibility to know, in advance of the service, the benefits and guidelines of my individual coverage, to include obtaining all of the necessary insurance referral forms and/or pre-certification, and to confirm with my insurer the participatory status of this provider.

If I am a member of an insurance plan in which Princeton Otolaryngology Associates, P.A. is a participating provider, the payment guidelines of my plan will prevail.

I authorize Princeton Otolaryngology Associates, P.A. to prepare and submit the appropriate claim forms to my primary and secondary (if any) insurance carrier(s).

I hereby assign all insurance benefits related to these medical services to Princeton Otolaryngology Associates, P.A., and authorize the release of all information necessary to effect payment of those benefits.

Even though payment may be sent directly to Princeton Otolaryngology Associates, P.A., I understand that I am still legally responsible for any balance remaining and will pay any amount not covered by my insurance.

I understand that if I fail to keep any financial arrangement with Princeton Otolaryngology Associates, P.A., and my account must be sent to a collection agency, that I will be responsible for all collection costs, legal fees, and interest of 10% on balances past 30 days.

I give my consent for Princeton Otolaryngology Associates, P.A., to have my medical report faxed or mailed to my primary or referring physician(s).

Signature

Date