

Suffolk Surgical Group, P.C.

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Richard B. Rubenstein, M.D., F.A.C.S.

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*General Surgery
Breast Surgery*

*Bariatric Surgery
Vascular/Ultrasound Lab*

*Laparoscopic Surgery
Pacemaker Clinic*

GUARANTEE AGREEMENT

I. Individual's Responsibility for Non-Covered Services

In consideration of services rendered by Dr. _____ to the undersigned patient, the undersigned promise(s) to pay Dr. _____ any co-payment, coinsurance or other charges required to be paid by my health insurance coverage. In addition, I promise to pay for all services that are not covered by my health insurance plan provided I am informed of same prior to the rendering of said services. If a surgical assist is required and the assistant does not participate with my insurance, I will be responsible for fees incurred for the services rendered.

II. Assignment of Benefit Proceeds

I hereby assign to Dr. _____ all monies and or/benefits to which I am entitled from my insurer/HMO/third-party payor, government agencies, or those who are financially liable for my medical care.

III. Authorization to Release Records

I hereby authorize Dr. _____ to release to my insurer/HMO/third-party payor, governmental agencies, or to whomever is financially responsible for my medical care, all information needed to substantiate payment for such medical care and, if required, for pre-certification/prior approval purposes.

It is, however, expressly understood that there will be no obligation of the undersigned to pay for any services that are improperly billed.

SIGNATURE OF PATIENT OR
AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE OF AUTHORIZED
REPRESENTATIVE OF Dr. _____

DATE