



Board Certified by the American Board of Orthopaedic Surgery

FINANCIAL POLICY

Bruce M. Berkowitz, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Brad S. Chayet, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Phillip B. Cummings, M.D.
Hand Surgery, Microvascular Surgery
& Elbow Surgery

Stephen J. Jacobs, M.D.
Orthopaedic Surgery & Arthroscopy
Sports Medicine & Reconstructive Surgery

Kenneth L. Jarolem, M.D.
Spinal Surgery
Orthopaedic Surgery

Richard M. Linn, M.D.
Orthopaedic Surgery
Arthroscopic & Reconstructive Surgery

Marisel Medina, D.P.M.*
Podiatric Medicine & Surgery

Audie M. Roinick, M.D.
Orthopaedic Surgery
Arthroscopic & Reconstructive Surgery

Richard J. Simon, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Douglas R. Stringham, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Telephone: (954) 473-6344
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* Board Eligible

The purpose of this form is to clarify our office and collection policy.

Charges for medical services are due and payable at the time services are rendered unless, arrangements have been made with the insurance company with which the doctor participates under contract or by pre-arrangement with the office staff. Any balance due beyond 30 days is subject to interest of 1.5% for every 30 day period past due.

We accept Personal Checks, American Express, Visa, Discover, Master Card and Cash. Payments must be made at the time of each visit.

If you have health insurance, it should be understood that this is an agreement between you and your insurance company to pay certain amounts for medical care. You are responsible for the payment of the bill regardless of the status of your insurance claim.

Patients who are taken on "Medicare Assignment" are advised that Medicare only pays 80% of their allowable fees after the deductible and that the patient, by law, is responsible for the remaining 20%. Patients are responsible for all deductibles and copays.

In the event that my insurance company pays me and there is any remaining balance to this office, I will turn the payment over to my doctor to satisfy payment due to him.

Signature of Patient Date

Signature of Witness Date

MAIN OFFICE
600 S. Pine Island Rd., Ste. 300
Plantation, FL 33324

EAST OFFICE
1414 S. East Third Ave.
Ft. Lauderdale, FL 33316

PALM BEACH OFFICE
15127 Jog Rd., Ste. 209
Delray Beach, FL 33446

TAMARAC OFFICE
7171 N. University Dr., Ste. 100
FT. Lauderdale, FL 33321

MIAMI OFFICE
1479 NW 27 Avenue
Miami, FL 33125