Arturo Corces, M.D.
Joint Reconstructive Surgery
Orthopaedic Surgery
Director, Implant Service

David Font-Rodriguez, M.D.
Shoulder and Elbow Surgery
Orthopaedic Surgery
Director, Shoulder Service

Mauricio F. Herrera, M.D.
Sports Medicine,
Arthroscopic Surgery

Elliot Lang, M.D.
Orthopedic Surgery

Amar Rajadhyaksha, M.D
Adult and Pediatric
Spine Surgery.

Liam McCarthy, M.D.
Pain Management

Gary Goykman DPM
Ankle and Foot Surgery

Financial Responsibility

I hereby request that my insurance carrier make payment directly to Arturo Corces, *M.* D. for any and all services rendered by this physician.

I, the undersigned. understand that Arturo Corces, M.D. will bill my insurance carrier for service rendered upon verification of coverage by my insurance company. I also understand that should my insurance company fail to render payment for service rendered I am fully responsible for all charges incurred, and will pay, in full, all service. I understand that I am responsible for the payment of any and all deductible, and/or co -insurance amounts, and that interest may be charged on any amounts past due 60 days. Interest may be charged at the rate 1.5 % (percent) per month on the outstanding balance accrued from the date that the service was rendered.

I understand that it is my responsibility to notify the physician, should there be any change in my status, coverage, or carrier and that I will be held financially responsible for any service rendered during the period during which I have failed to do so. Should it become necessary for Arturo Corces, M.D. to engage professional collection efforts, I will be held financially responsible for any and all additional costs of collection including, but not limited to agency fees, attorney fees, court costs, and interest.

I further understand that if my injury goes into litigation against a third party, this in no way he relieves me of my obligation to pay for the services rendered. I understand that payments of the fees are not contingent upon settlement of litigation. I however. I hereby instruct my attorney to pay Arturo Corces, M.D. in full (including all interest or additional charges as outlined above) directly from the proceeds of my settlement or judgment rendered on my behalf.

Patient Signature_____ Date_____
Witness_____

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