

****** PATIENT ELIGIBILITY WAIVER ******

I HEREBY ATTEST THAT I AM AN ELIGIBLE MEMBER OF THE HEALTH PLAN NOTED BELOW.

I AGREE THAT SHOULD IT BE DETERMINED THAT I AM INELIGIBLE FOR THE SERVICES RENDERED AND / OR INELIGIBLE DUE TO LACK OF PRE-AUTHORIZATION BY MY PRIMARY PROVIDER, I WILL BE RESPONSIBLE FOR PAYMENT TO KENNETH P. ZUCKERMAN, M.D. OR IT'S AGENTS FOR THOSE SERVICES DEEMED INELIGIBLE OR NOT COVERED.

I AUTHORIZE THE RELEASE OF INFORMATION TO MY INSURANCE COMPANY IF REQUESTED BY THEM TO PROCESS CLAIM PAYMENTS. I AUTHORIZE THIS PRACTICE TO ACT AS MY AGENT TO HELP ME SECURE PAYMENT.

NAME OF PATIENT _____ DATE _____

NAME OF HEALTHPLAN _____

SIGNATURE _____

RELATIONSHIP TO PATIENT IF NOT SELF _____

ASSIGNMENT OF BENEFITS, FINANCIAL DISCLAIMER AND RELEASE OF RECORDS

IN ORDER TO CONTROL COST, WE REQUEST OUR CHARGES FOR OFFICE VISITS BE PAID AT THE TIME OF EACH VISIT.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some insurance companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-payment, or any balance not paid by your insurance company with-in 60 days of the date we submit your claim.

If this account is assigned for collection and or suit, collection costs and or interest and any associated attorney and or court fees will be added to the total amount due.

KENNETH P. ZUCKERMAN M.D. 16300 SANDCANYON AVE # 704 IRVINE CA 92618

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BOARD CERTIFIED OTOLARYNGOLOGY
EAR, NOSE & THROAT / HEAD & NECK SURGERY
FACIAL PLASTIC SURGERY

PATIENT INFORMATION REGARDING ENDOSCOPY

In order for Dr. Zuckerman, MD to do as complete and thorough an "Ear-Nose-Throat Examination" as possible, a "Nasopharyngoscopy" - gently inserting a scope to examine your nose, and / or a "Flexible Laryngoscopy" - gently inserting a "flexible" fiberoptic scope through the nose to examine your throat, may need to be performed at the time of your office consultation. These are routinely used to more accurately examine and diagnose the many complex and serious disorders found in the Head and Neck anatomy.

These procedures have been routinely covered by most insurance companies but sometimes they may be applied towards your annual deductible if you have not already met it for this year. They can be mis-categorized under "surgery" on your copy of the insurance companies "explanation of benefits". We can assure you that we do not bill these in-office procedures as "surgeries" but some individual insurance companies still code them this way *by their choice*.

Please direct any questions or concerns you may have in regard to any office Endoscopic procedures to our office staff at the beginning of your office visit and Dr Zuckerman before any of these routine, "standard of modern care" examinations would be performed.

Thank you,

The Staff of Dr. Kenneth Zuckerman, M.D.

Received, read, understood and agreed to by patient:

Printed Name

Signature

Date & Time