





# BROWARD HAND CENTER



**HARRIS GELLMAN M.D.**  
**PURNELL TRAVERSO M.D.**

Surgery of the Hand and Upper Extremity in Adults and Children

Dear Patient:

Due to the many changes insurance policies, it has become increasingly more difficult to interpret each individual policy. Although we constantly try to stay abreast of these changes, it is not always possible. Therefore, we urge you as the patient, to please check with your insurance company regarding your coverage. **It is your responsibility to know your individual coverage.** Failure to comply with our suggestion could result in you, the patient, being responsible for all costs incurred. Please remember, your insurance policy is between you and your insurance company, **not** between your doctor and your insurance company.

Many insurance companies today need referral forms from a primary care physician or group. **It is the responsibility of the patient to make sure we receive the referral by the day of the appointment.** Some insurances state you **cannot** go out of the network. Many companies have instituted a mandatory secondary opinion program, and these are constantly changing day by day. We simply cannot keep up with these seemingly inexhaustible changes and often are not aware of them until after the fact.

Many insurances must use labs that are "in network" (part of that insurance group), and we may not know which those are; what may be correct for one group may not be correct for another.

Please call your insurance company and learn about your coverage; it will save a lot of confusion, heartache and money for you in the long run.

**DECLARATION:**

If my insurance company does not pay, I agree to be personally and fully responsible for the payments due. If this becomes delinquent and past due, I agreed to pay all costs of collection including interest, court costs, attorney fees and collection fees.

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Print name of Patient or Guardian

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Signature of Patient or Guardian

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Date MM DD YYYY