



**capitalhealth**

CENTER FOR  
COMPREHENSIVE BREAST CARE

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## **INSURANCE BENEFITS FORM**

In an effort to avoid any misunderstanding, please note the following:

### **Please know and understand your insurance benefits.**

Many insurance plans have complicated rules regarding Specialist Visits and referrals. Even within the same insurance company, policies and procedures may vary from one plan to the next. As a result, it is impossible for our office to know the details of every patient's insurance plan.

If your insurance plan requires a referral or authorization from your primary care physician, we will need to receive the authorization before you see our physicians. If you have not received an authorization prior to your arrival, it is your responsibility to contact your physician or insurance company.

Please also note that if your specialist requires more visits that your insurer approves or if the referral has expired, you must contact your primary care physician for another referral. If you are unable to obtain the authorization, you may be asked to reschedule your appointment or you will be responsible for any charges incurred for that visit.

Some insurance companies will send the patient/subscriber payment(s) to the patient for services rendered. You are responsible for forwarding these payments to the physician. Any payments held will result in collection efforts.

I have read and understand the information above and agree that regardless of insurance coverage, I am responsible for all bills being paid in a timely manner.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_