

**THE SAMRA GROUP, LLC
COSMETIC & RECONSTRUCTIVE SURGERY**

Date: _____

RE: FINANCIAL OBLIGATION

PLEASE READ THIS NOTICE CAREFULLY

Dear Patient,

We will submit a claim directly to your insurance carrier for services rendered by Samra Plastic & Reconstructive Surgery. However, we are not in-network providers and your carrier will make payment directly to you within thirty (30) days. This money is not yours to keep but rather is payment for the doctor's services.

DO NOT CASH THE INSURANCE CHECK

Please endorse the back of the check and write "Payable to The Samra Group" below your signature. As soon as you receive the insurance check, you must forward it to:

**SAMRA PLASTIC & RECONSTRUCTIVE SURGERY
733 NO. BEERS ST., SUITE U1
HOLMDEL NJ 07733**

FORWARD A COPY OF THE EXPLANATION OF BENEFITS

All payments will be accompanied by an explanation of benefits (EOB) which explains how your insurance carrier arrived at the amount of money it issued. Failure to provide this copy to our office may impact the balance we consider to be your obligation.

PLEASE COOPERATE WITH OUR BILLING STAFF.

Our billing staff is here to help you. At times, they may request you to contact your insurance carrier to reprocess the claim for prompt payment and/or reconsideration of the final payment.

I have read the above and clearly understand my responsibility.

Print Patient Name

Patient Signature

Witness Signature

Date

(Please provide a signed copy to patient)