

BAYSIDE PEDIATRIC SPECIALISTS, P.C.

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Patient's Name:

Advance Beneficiary Notice (ABN)

Note: You will need to make a choice about receiving the health care items or services.

The plan that you have chosen as your health insurance does not necessarily cover all of your health-care costs. Insurance only pays for covered items and services. The fact that insurance may not pay for a particular service does not mean that you should not receive it, especially if your physician recommends that you receive this service. If you are unsure whether you are covered for all visits, lab tests or immunizations you should check with your insurance company.

The purpose of this notice is to help you make an informed choice about whether you want to receive these item(s) or service(s), knowing that you might have to pay for them yourself. By signing below you agree to take financial responsibility for the cost of the item(s) or service(s), if your health insurance does not include this as a covered item(s) or service(s).

Responsible party signature:

Date: _____