



New Jersey Orthopaedic Institute

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www.NJOrthoInstitute.com

NOTICE TO PATIENTS

INSURANCE PARTICIPATION AND REFERRALS

Please be advised that it is the patient's responsibility to advise the practice of any insurance coverage changes or termination of coverage. It is not the responsibility of the practice to know your personal insurance coverage, participation, and/or any out of pocket expenses you may incur. If you have questions or concerns you are advised to notify your insurance company Members Services Department, or Human Resource Department at your place of employment.

Please note that if your plan requires a referral, it is the patient's responsibility to obtain one and it must be presented at the time of service. If you do not have one then you will have to reschedule your appointment until the time that you obtain a referral. If you choose to see a doctor without the required referral, you may become responsible for payment in full, should your insurance company deny your claim.

LITIGATION MATTERS

In order to be fair to all patients, the physician cannot agree to act as an expert witness for your litigation matters. While we will agree to render assistance, such as providing patient records pertinent to the case, we cannot agree to testify in court on our behalf as an expert witness. The imposition on the medical practice is unfair to the other patients as well as to the staff. The doctor's schedule does not permit the time for the dictation of narrative reports.

The physician will agree, for a fee, to appear on a videotaped deposition to be performed in our office at the physician's convenience, so that his testimony can be presented on your behalf based on the agreement not to testify. Payment for such services will be coordinated with your attorney and must be paid in advance.

New Jersey Orthopaedic Institute will not wait for payment of services rendered until the case is settled. We will not accept a lien. Payment is due at the time of service.

Please acknowledge by signing and dating below that you have received and reviewed the above policy. A copy of this document will be forwarded to your attorney if and when the need arises.

Patient and/or guardian signature

date _____ / _____ / _____

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