

**AUTO INSURANCE
ENROLLMENT FORM**

Date: _____

Patient Name: _____ DOB: _____

Insurance Carrier Name: _____

Insurance Carrier Address: _____

Insurance Company Phone #: _____

Claim Number: _____

Date of Accident: _____

**The above information is required for proper billing to your insurance carrier.
Failure to provide this information to Valley Sports and Arthritis Surgeons may
result in you being financially responsible for any and all services.**



Specialty Care for All Ages

Barry I. Berger, M.D.
Pediatric Orthopaedics
General Orthopaedics
Trauma & Fracture Care

Mitchell E. Cooper, M.D.
Sports Medicine
Arthroscopic Surgery
General Orthopaedics

Thomas D. DiBenedetto, M.D.
General Orthopaedics

Amir H. Fayyazi, M.D.
Orthopaedic Spine Surgeon

Dale J. Federico, M.D.
Sports Medicine
Arthroscopic Surgery

Joshua S. Krassen, D.O.
Physiatry & Spine Care
EMG/Electrodiagnosis
Epidural Injections

Eric B. Lebbby, M.D.
Arthritic Joint Reconstruction
Hip & Knee Replacement

Neal A. Stansbury, M.D.
Sports Medicine
Arthroscopic Surgery
General Orthopaedics
CAQ Sports Medicine

John J. Stapleton, D.P.M.
Podiatry, Foot & Ankle Surgery

Prody A. Ververeli, M.D.
Arthritic Joint Reconstruction
Hip & Knee Replacement

Mark Walter, D.C.
Certified Chiropractic Physician

Lawrence E. Weiss, M.D.
Hand, Wrist & Elbow Surgery
CAQ Hand Surgery

George A. Arangio, M.D.
Emeritus

David B. Sussman, M.D.
Emeritus

Andrew T. Prokurat
Chief Operating Officer

Computerized Radiology
Dexa Scan
Open MRI - Whole Body
Ultrasound

Hand Therapy
Physical Therapy

Fracture & Sports Injury Center
Joint Replacement Center

FINANCIAL LIABILITY AGREEMENT AUTO INSURANCE

I, _____ have been advised that should my Auto Insurance carrier deny my claim or my benefits exhaust, my health insurance carrier will be billed for all services. If I do not have health insurance I will be responsible for all balances.

- I have supplied my Auto Insurance information to Valley Sports and Arthritis Surgeons. I agree to be financially responsible for any unpaid/denied services by either carrier.
- I will not supply my Health Insurance information to Valley Sports and Arthritis Surgeons or have no health insurance and agree to be financially responsible for all services denied by my Auto Insurance carrier. I will sign a Payment Consent form with my credit card information for Valley Sports and Arthritis Surgeons to bill my credit card for any outstanding balances.
- I do not have Health Insurance and I agree to be financially responsible for all Services denied by my Auto Insurance Carrier. I will sign a Payment Consent form with my credit card information for Valley Sports and Arthritis Surgeons to bill my credit card for any outstanding balances.

I understand that I will be billed in accordance with the Auto Insurance Regulations of Pennsylvania.

Signature

Date