



Howard Leitner & Perlmutter  
UROLOGIC ASSOCIATES

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## **PATIENT REGISTRATION ADDENDUM**

Due to the many HMO & PPO plans that this office participates in, I understand that it is my responsibility to inform Howard Leitner & Perlmutter Urologic Associates at each visit of any Insurance coverage and the correct lab to which labwork must be sent. If I fail to do so, I understand that I may be responsible for the charges with no discounts.

I understand that it is my responsibility to bring a referral at the time of any visit when a referral is required and it is my responsibility to certify any hospital or Emergency Room admission. I understand that I am responsible for any co-insurance, co-pay or deductible due at the time of service. I am also responsible for all charges that are not covered by my insurance carrier.

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