

US MEDICAL PLAZA  
232 MERRICK RD, LYNBROOK NY 11563  
(516) 594-5961  
(516) 256-5556-FAX

EXPRESS MEDICAL CARE  
357 BROADWAY, AMITYVILLE NY 11701  
(631) 789-7900  
(631) 608-8492-FAX

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PATIENT FINANCIAL RESPONSIBILITY AGREEMENT FORM FOR PATIENTS

Dr. Ahmed Elkoulily certifies that this office has an established policy for billing ALL patients, including Medicaid for services not covered by the insurance carrier. In accordance with State Medicaid provider billing guidelines, the patient has been cautioned that the charges may not be paid for the following reasons.

- Patient identified themselves as Medicaid eligible; we do not accept straight Medicaid at this office.
- Insurance carrier states that patient is eligible, but does not pay the claim due to loss of insurance.
- Patient identifies themselves as having an HMO through Medicaid but does not have an insurance ID #
- Patient does not change their primary care physician to Dr. Ahmed Elkoulily or calls to change the PCP but insurance company does not change in system.
- Doctor is not backdated to the baby's date of birth
- Patient has been told that the doctor does not participate with their HMO.
- Patient has another insurance carrier other than Medicaid. Medicaid WILL take back any payments made when they figure out that there is another insurance carrier.

Dr Ahmed Elkoulily reserves the right to charge for any services that are not paid by the insurance company, by signing this agreement, the patient agrees to pay for the unpaid services.

PATIENTS NAME: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

PATIENT OR GUARDIANS SIGNATURE:

X \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_