Metropolitan Orthopaedics, LLC

17 Jauncey Avenue
North Arlington, New Jersey 07031
(201) 991-9019 Fax: (201) 991-0931
www.kentlernermd.com

Kent S. Lerner, M.D., F.A.C.S.
Fellow American Academy of Orthopaedic Surgeons

____
Date Treatment Began

____________________________________ I.D.#___________________________
Name of Patient (Please Print)

This office, Metropolitan Orthopaedics, does not participate with a large majority of insurance carriers. As a result, your insurance will in turn remit payment to you directly for the services you received at Metropolitan Orthopaedics.

When you receive such checks, we ask that you please bring the check to our office along with the Explanation of Benefits (EOB) so that it can be applied to the outstanding balance on your account. If you are unable to bring in the check personally, please mail the **EXPLANATION OF BENEFITS** along with the check, and remember to endorse your name. Failure to do so will result in you being responsible for the entire amount of the balance charged to your account as well as for a 30% collection fee.

Please know that in following the above procedures the balance on your account will reflect our receipt of the check.

Thank you for your anticipated cooperation in this matter.

Office of Kent S. Lerner, M.D.

I understand and agree to the contents of this letter ______________________________
Signature of patient

Copy on File