Central Jersey Family Medical Group, PA
Dr. Jared B. Newman ~ Dr. Joseph A. Bordieri

Advance Beneficiary Notice

Patient Name: _____ DOB: _____

Insurance Name: _____

Insurance ID: _____

Group #: _____

If, your insurance listed above does not pay for services rendered by:

Central Jersey Family Medical Group, PA
Dr. Jared B. Newman ~ Dr. Joseph A. Bordieri

You will be responsible for the bill.

Reason insurance may not pay:

This Group/Doctors were not picked as a PCP for you insurance coverage.

I understand that if my insurance above does not pay, I am responsible for payment. If my insurance does pay I will be refunded any payments I made to you, less co-pays or deductibles.

Signing below means that you understand this notice.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____