

4 Hartford Drive, Suite 1 Tinton Falls, NJ 07701 (732)741-3600 PHONE

## ANESTHESIA BILLING CONSENT

Riverview Medical Associates, PA will be providing the anesthesia for your upcoming procedure at Advanced Endoscopy & Surgical Center. We will bill your insurance carrier for our services. If you receive payment directly from your insurance company, DO NOT DEPOSIT THE CHECK. PLEASE MARK THE CHECK: PAY TO THE ORDER OF RIVERVIEW MEDICAL ASSOCIATES, PA, SIGN THE CHECK, AND MAIL IT TO US AT THE ADDRESS SHOWN ABOVE, ALONG WITH THE EXPLANATION OF BENEFITS FROM YOUR INSURANCE COMPANY.

In order to facilitate payment to us, ple	ease sign below:
I,PLEASE PRINT LEGIBLY	authorize my insurance carrie
to send payment for anesthesia service	es rendered directly to:
Riverview Medical Associates, PA 4 Hartford Drive, Suite 1 Tinton Falls, NJ 07701	TAX ID# 22-3349503
I understand I am responsible for payn my insurance.	ment of any anesthesia service not covered by
SIGNATURE	DATE

## RIVERVIEW MEDICAL ASSOCIATES, PA ANESTHESIA BILLING POLICY

## Dear Patient,

Riverview Medical Associates is contracted with the anesthesiologists for all procedures done at the Advanced Endoscopy & Surgical Center and will be billing on behalf of those providers for those services provided to you during your upcoming procedure.

It is not possible to predict which anesthesiologist will be scheduled for the day of your procedure, so you may receive a bill for these services.

Be assured that we will do everything possible to get your bill covered by your insurance and will work with you for any balance due after your insurance processes your claim.