



ORAL & MAXILLOFACIAL
— SURGERY —
OF OCEAN PARKWAY

NOTICE TO OUR PATIENTS

Although we participate in many insurance plans your insurance may not cover every service provided in this office. It is YOUR responsibility to understand the limits of your insurance before seeking care.

We are not your insurance company and cannot be held responsible for explaining the details of YOUR INSURANCE POLICY. Please read your insurance policy or contact your insurance carrier if you are not sure of the limits of your coverage.

If your insurance plan requires a REFERRAL from your PRIMARY CARE PHYSICIAN, it is your responsibility to bring us a VALID, UNEXPIRED REFERRAL.

NO EXCEPTIONS WILL BE MADE

As always, YOU will be responsible for payment for services NOT COVERED by your insurance.

Thank you for your cooperation.

I _____ state that
I have read and understood the preceding information.

Signature of Patient _____ Date _____

MARK B. BIRNBAUM, D.D.S.*, **NORMAN E. JOHNSON, D.D.S.**, **STEVE MANZON, D.M.D.***, **ANGELO OSTUNI, D.D.S.**

PRACTICE LIMITED TO ORAL AND MAXILLOFACIAL SURGERY

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