

**Premier Perinatal**  
**250 Route 37 West \* 2<sup>nd</sup> Floor**  
**Toms River, NJ 08755**

**Please complete entire form**  
**Please provide front and back copy of insurance card with form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

In an effort to ensure your financial responsibilities are covered, it is recommended by the office of Premier Perinatal that you contact your insurance company to familiarize yourself with the type of benefits provided to you. **It is the responsibility of your primary OB/GYN to obtain any pre-certifications and/or referrals, if necessary, prior to your initial visit with Premier Perinatal.** After your initial visit with Premier Perinatal, this office will assume the responsibility of obtaining all pre-certifications required by your insurance company.

**Please note:** Carlos O. Fernandez, MD is a Perinatologist, which is a specialized OB/GYN. Therefore, the specialist co-pay would apply for office visits at Premier Perinatal and Colts Neck.

**Authorization:** *I authorize the release of any medical or other information necessary to process payment for your claims. I understand that if my insurance company denies payment for any reason for any of the ultrasounds, testing and consultations, I will be fully and personally responsible for payment.*

**Sign: X** \_\_\_\_\_

**Date:** \_\_\_\_\_

Voice: 732-736-0300  
Fax: 732-736-9600