

**Dr. Dashevsky, Dr. Hossain, Dr. Altshuler and Dr. Ghosh**  
**256 Bunn Drive, Suite 3A**  
**Princeton, NJ 08540**  
**(609) 683-7773**  
**FAX (609) 683-7958**

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Patient Office Policy and Procedures Agreement

- I understand that the services rendered to me by the office of Doctors: Altshuler, Dashevsky, Hossain, and Ghosh are my financial responsibility and that the provider will bill my insurance company as a courtesy. I authorize my insurance company to pay my benefits directly to the provider and I understand I will be fully responsible any outstanding balance on my account.
- I authorize the provider to release my information necessary to adjudicate the claim and understand that there may be associated cost for providing information beyond what is necessary for the adjudication of a clean claim.
- I understand I am acquired to pay the co-pay at the time the services are provided
- I have read and understand the office policy and procedures that are displayed in the reception area and can be found at the office website Doctorsinprinceton.com.
- I have reviewed the updated federal and office HIPAA guidelines that the office has provided to me in compliance with the law.

By signing below, I agree to all the statements listed above:

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**PRINT NAME OF PATIENT OR LEGAL GUARDIAN**

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**SIGNATURE OF PATIENT OR LEGAL GUARDIAN**

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**DATE**

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WITNESS/DATE