

# TARTELL & MANDEL, M.D., LLC

South Florida Sinus and Allergy Center \*\*\* *Head and Neck—Facial Plastic Surgery Associates Of South Florida*

100 N.W. 82nd Avenue, Suite 104, Plantation, Florida 33324, Tel: (954) 236-0200 \* Fax: (954) 474-3405

4400 Sheridan Street, Hollywood, Florida 33021, Tel: (954) 983-1211 \* Fax: (954) 983-4190

**PAUL B. TARTELL, M.D., F.A.C.S.**

Diplomate, American Board of Otolaryngology  
Diplomate, American Board of Facial Plastic  
and Reconstructive Surgery

**DEBORAH PRESS, MMS, PA-C**

**LEE M. MANDEL, M.D., F.A.C.S.**

Diplomate, American Board of Otolaryngology  
Diplomate, American Board of Facial Plastic  
and Reconstructive Surgery

**Due to the many changes in insurance policies, it has become increasingly more difficult to interpret each individual policy. Although we constantly try to stay abreast of these changes, it is not always possible. Therefore, we urge you as the patient, to please check with your insurance company regarding your coverage. It is your responsibility to know your individual coverage. Failure to comply with our suggestion could result in you, the patient, being responsible for all costs incurred. Please remember, your insurance policy is between you and your insurance company, not between your doctor and your insurance company.**

**Many insurances must use labs that are in-network (part of that insurance group), and we may not know which those are: what may be correct for one group may not be correct for another. As a courtesy to our patients the office will schedule your diagnostic and laboratory tests. Please be aware that we make every effort to schedule these tests with a facility your insurance company is contracted with. Due to the constant changes in insurance policies it is not always possible for us to keep abreast of them all. We cannot and will not be responsible, in any way, if your insurance company refuses to pay for any testing scheduled from this office.**

**Please call your insurance company and learn about your coverage; it may save a lot of confusion, heartache and money in the long run.**

**DECLARATION:**

**If my insurance company does not pay, I agree to be personally and fully responsible for the payments due and if this becomes delinquent and past due, I agree to pay all costs of collection including interest, court costs, attorney fees and collection fees.**

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**DATE**

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**PATIENT NAME OR GUARDIAN**

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**SIGNATURE**

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**Tartell & Mandel, M.D., LLC feel that a patient presenting to our office with sinus, allergy, throat or voice complaints require a through examination of that specific area. In many cases, this can only be accomplished through the use of an Endoscope. This examination is essentially painless and, can be accomplished quickly. A procedural fee will be submitted to your insurance carrier for this procedure. (Please note, some insurance companies may list this diagnostic procedure as “SURGERY” on the insurance remittance advice you receive.) These procedures have almost no risk and provide your physician with an excellent view of the areas involved. Please sign below to acknowledge that you have read the above and agree to undergo this procedure if deemed necessary.**

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**DATE**

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**PATIENT NAME OR GUARDIAN**

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**SIGNATURE**

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