



MOKHTAR ASAADI, M.D., F.A.C.S.

ASAADI PLASTIC SURGERY

101 OLD SHORT HILLS ROAD | SUITE 504 | WEST ORANGE, NJ | 07052
620 PARK AVENUE | NEW YORK, NY | 10065

Some insurance carriers reimburse the patient directly for out-of-network services. As such, Reimbursement checks that may be received by a patient for services rendered should be promptly remitted to Dr. Asaadi's Office.

Cashing Insurance Payment checks for services could constitute unreported taxable income. Further, cashing insurance reimbursement checks for services rendered that still have outstanding balances and are ultimately not reconciled may be considered acts of insurance fraud and tax evasion.

INSURANCE FRAUD:

The checks that are remitted by your insurance company are being remitted by your insurance company for services performed by your physician. Your health insurance carrier (BCBS, AETNA, CIGNA, etc...) has agreements with your employer which sponsor your insurance plan that reimbursements for services rendered by your provider are in fact being paid to your provider for those rendered services. The reimbursements are not meant to supplement a patient's personal income, even if the check has the patient's name on it.

TAX EVASION:

Checks that are being inappropriately cashed by patients are still considered income for that patient. This income is not reported on your W-2 nor has your employer been made aware that income was created to that respective employee.

As a result, your employer also owes payroll tax on that non-reported income as well. Subsequent to these actions, the office of Mokhtar Asaadi, M.D., F.A.C.S., P.A. will report to the Internal Revenue Service the unauthorized income that was not reported. The IRS will take every action to collect the taxes that are owed from the Patient and also inform the employer, that the employer also owes payroll tax to the IRS as a result of its employee receiving unauthorized income.

I understand and agree to promptly remit any checks that I may receive from my health insurance carrier for services rendered to me by Dr. Asaadi.

Signature:

Date: