HILLSBOROUGH MEDICAL ASSOCIATES, PA
HARPREET K BAGGA, MD
349 US HWY 206, HILLSBOROUGH, NJ 08844
PHONE: (908) 359-4150 FAX: (908) 359-9548

AUTHORIZATION FOR HOUSE CALL VISITS

1) I authorize payment of my medical benefits to Hillsborough Medical Associates for services rendered to me.
2) I authorize Hillsborough Medical Associates to give my insurance company any information about services rendered to me as necessary to process claims.
3) I understand and agree that I am financially responsible for all charges for services rendered to me, including what is not covered by my insurance and balances owed after insurance payments are made.
4) I acknowledge that I have read HIPAA Notice of Privacy Practices (NPP) in its entirety and agree to its contents. A copy of the Notice is available on our website
5) I also understand and agree to the Trip Service Fees for urgent visits.

Print Patient Name:

Signature of Patient/Guardian/POA Date
