

# FINANCIAL RESPONSIBILITIES



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We would like to let you know your financial responsibilities as a patient.

Please be informed of the coverage and limitations of your insurance plan. Due to the number of different plans it is not always easy for us to know all the details and coverage of your particular plan. This is particularly important for complete physical exams. Although important and recommended, sometimes they are not covered by your insurance. The same situation could occur with testing and vaccines that although necessary could be not payable under a given plan.

We suggest you check with your insurance before any testing is done to find out what is your financial responsibility on it. It is also important that you will find out what testing facilities are approved by your insurer for outpatient testing (laboratory, radiology).

**For any billing questions, please contact our billing service.**

## **PATIENT FINANCIAL RESPONSIBILITIES ALSO INCLUDE:**

- Payment of all co-payments, co-insurance, and deductibles.
- Payment at the time of service.  
*(Please note: As a courtesy, we will try to bill your secondary insurance.  
After your secondary insurance has paid the co-payments a refund will be made to you, if applicable.)*
- Payment of any final, outstanding balance.
- Providing us with current and complete patient and insurance information.
- Remembering to bring your insurance card to each office visit.

## **PAYMENT METHODS:**

- Cash
- Personal checks
- Visa
- Master Card
- Traveler checks

Signature: \_\_\_\_\_

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

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_