

DAVID PLOTSKY M.D. PC

Financial Policy

We are committed to providing you with the best service possible. If we participate with your medical insurance, we will help you receive your maximum allowable benefits.

Non- covered services:

Most insurance companies select certain services they will not cover, such as **refractions, routine vision exams, and contact lens evaluations.** These services are due and payable at the time services are rendered. **All co-payments, co-insurance, and deductibles required by your insurance plan are due and payable on the day of service.**

Balances older than 30 days may be subject to additional collection fees and interest charges of 5% per month. Balances that reach 90 days past due will be sent to a collection agency and you will be financially responsible for all collection and legal fees that our office incurs to collect the outstanding balance.

Payment in full of any past due balances is expected prior to being seen in the future unless prior arrangements have been made.

I agree to pay charges incurred for appointments :

- Cancelled within 24 hours of my scheduled appointment or if on a Monday by the Friday morning before my appointment
- Missed appointments

We must emphasize that our relationship is with you and not your insurance company. While the filing of claims is a courtesy that we extend to our patients, all charges are strictly your responsibility. We encourage you to inquire and explore your benefits with your employer or insurance carrier.

I have read and understand this financial policy set forth by David Plotsky MD PC and I agree to its terms. I also understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to the patient or parent.

Patient Name

Parent/Guardian Name

Parent/Patient Signature

Date