

# ANGIOLETTI



## RETINA

### Angioletti Retina Financial Policies

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- 1. Assignment and Release:** I, the undersigned, certify that I (or my dependent) have insurance coverage and assign to Angioletti Retina all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. This may include any deductible, co-pay or co-insurance for which I am responsible, and any non-covered items. I hereby authorize Angioletti Retina to release all information necessary to secure the payment of benefits. I authorize the use of this signature (electronic or otherwise) on all insurance submissions.

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

- 2. Cancellation Policy:** I, the undersigned, understand that as a patient at Angioletti Retina I must cancel my appointment at least 24 hours prior to my appointment. Failure to do so will result in a \$25 cancellation fee.

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

- 3. Medicare Patients:** If you are covered by Medicare, please read and sign the following: In Medicare cases, Angioletti Retina agrees to accept the charge determination of Medicare as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and the deductibles are based upon the charge determination of Medicare.

- 4. Co-Payments and Co-Insurance:** Co-payments and co-insurance must be paid at each visit according to your insurance contract. **Patients with GHI and Empire coverage are also responsible for diagnostic copays.** We do perform diagnostic tests and copays will be collected at time of check out. Please plan accordingly. We accept cash, checks and credit cards (Visa, Master Card, American Express or Discover).

Louis S. Angioletti, M.D., F.A.C.S.

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## Angioletti Retina Financial Policies (Continued)

- 5. Workers' Compensation Only:** You may become responsible for medical costs of treatment for your illness or condition with Dr. Angioletti if (1) you fail to prosecute the claim for workers' compensation or (2) it is determined by the Workers' Compensation Board that the illness or condition which required treatment was not a result of a compensable workplace accident or occupational disease or (3) if an agreement is executed by you and approved pursuant to Workers' Compensation #32 in which you waive your right to medical benefits from the workers' compensation carrier/self insured employer for treatment/services performed after this date the agreement is approved. If any of the above events occur, the provider may bill you directly instead of the employer or insurance carrier, and you will be responsible for the provider's fees for services rendered.

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**Patient Signature** (or If the patient is a minor Parent/Guardian Signature)

**Date:**