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## **PAYMENT FOR SERVICES**

In order to avoid misunderstanding regarding our payment policy, we ask that you read and sign the below.

**It is your responsibility to know the provisions of your insurance plan.**

**Please give the receptionist your most updated INSURANCE card(s), LICENSE and REFERRAL** (if your insurance company requires one for each office visit). All claims will be automatically submitted to your insurance company. Failure to provide our office with correct insurance information will result in a denial from your insurance company and you will ultimately be responsible for payment.

**If you do not have insurance coverage or if the physician you are seeing does not participate with insurance plan, you will be responsible for payment at the completion of your exam.**

**All co-pays and refraction fees are due at the time of service.** If your insurance company determines there is an additional subscriber liability (including, but not limited to deductibles, co-insurances, and non-covered services) you will be responsible for that amount.

***\*Please understand that your insurance card is not a guarantee of payment of any health care claim. Final determination will be made based on your eligibility and benefits at the time of claim processing. .***

Your signature below indicates that you have read and agree to our practice's payment for services policy.

(Patient /Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_