

MANCHESTER OPHTHALMOLOGY

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Payment is expected at the time of visit unless we accept assignment from your insurance carrier or other arrangements have been made.

You are responsible for knowing the benefits, limitations and restrictions that your policy may stipulate. We must emphasize that as a medical provider our relationship is with you. While the filing of insurance claims is a courtesy that we extend to our patients, it is your responsibility to see that your charges are paid. Any deductions; including co-pays, co-insurance or non-covered services due on your policy, are expected at time of service. Payment at the time of service is required by our contact with insurance carriers.

Patients are responsible for requesting referrals in advance from the Primary Care Physician. We are not allowed, by contract, to request “backdated” referrals.

Patients are responsible for knowing which Radiology, Laboratory and Hospital facilities participate with their particular insurance carrier. While we make every effort to guide patients to participating providers, it is your responsibility to verify provider participation in your health plan.

Patients are responsible for providing our office with complete and up to date information regarding their insurance coverage. Patients not presenting current information will be responsible for any bills incurred with our office.

I authorize any holder of medical information about me to release my insurance company and its agents any information needed to determine the benefits or the benefits payable for related services.

I have read and understand the above.

Patient signature _____ Date _____