OPHTHALMIC PHYSICIANS OF MONMOUTH, P.A.
MARK L. ENGEL, MD, FAAO
RONALD D. KLUG, MD, FAAO
JASON I. STEINFELD, M.D.
733 NORTH BEERS STREET, HOLMDEL, NJ 07733
(732) 739-0707

FINANCIAL ASSIGNMENT AND AGREEMENT:

1. Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not covered by your insurance.

2. In order to control your cost of billings, we request that your charges for Office Visits be paid at the conclusion of each visit unless you are covered by an insurance that our office participates with.

3. I request that payment of authorized Medicare and/or insurance benefits be made on my behalf for any services furnished me. I authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents, or any insurance carrier I may have, any information needed to determine these benefits or the benefits payable for related services.

4. I have received and read a copy of the Patient Protected Health Information Disclosure Statement for Ophthalmic Physicians of Monmouth, P.A. I am aware that if I wish to specify the limitation of my PHI disclosures, I can do so in writing to Ophthalmic Physicians of Monmouth.

5. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

Print Name:_____ Date:_____

Signed (Patient or parent if minor)_____