

667 EAGLE ROCK AVENUE
WEST ORANGE, NJ 07052
OFFICE: (973)736-4030
FAX: (973)325-0969



1 BROADWAY
SUITE # 103
ELMWOOD PARK, NJ 07407
OFFICE: (201)797-3310
FAX: (201)797-1977

TO OUR PATIENTS:

WHAT ACCEPTING INSURANCE ASSIGNMENT MEANS:

YOU MUST PRESENT YOUR CURRENT INSURANCE CARD AND COPAYMENT AT THE TIME OF YOUR VISIT. NO ENROLLMENT FORMS WILL BE ACCEPTED. PLEASE DO NOT ASK US TO MAKE AN EXCEPTION.

You are responsible for knowing your insurance. If you need a referral or preauthorization, **YOU** are responsible for bringing them to the office **before** you are seen. **You are responsible for your deductible, copayment, and any non-covered services.** Payment of copays is expected when you come in for your exam. If your insurance company refuses to pay or ignores our claims, you will also be responsible for payment.

If you are unable to keep your appointment, kindly notify us 24 hours in advance: failure to comply will result in a \$35 charge 1st offense \$50 2nd and \$75 repeated offenses. Missed appointments are not covered by your Insurance.

If you have any questions about your insurance, please call your insurance company.

PATIENT SIGNATURE

X _____
DATE

Simon Becker, D.P.M., F.A.C.C.P.P.S.

667 Eagle Rock Avenue
West Orange, NJ 07052

Phone: (973) 736-4030

Dear Patient:

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy.

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT
We now offer the following payment options:

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your Visa or MasterCard
- Guarantee any amount not covered by insurance with Visa or MasterCard.

Please make your choice, sign below and return to office manager before treatment.

Our office is a fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis.

If none of the above apply, please see the office manager. Thank you.

Print your name here and sign below

x
Date: _____