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OUR FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive the maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, any and all financial liability rests with the patient.

Our office participates with most major insurance plans. We provide MEDICAL and SURGICAL ophthalmological care to our patients. If you have a managed care plan that requires a referral to see an specialist, you must obtain a referral in order for your visit to be covered by your medical insurance.

If you do not have the valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination.

If your account becomes delinquent at any point your account may be sent to the collection agency.

On occasion our staff may be able to help you obtain a referral for your visit however we are not responsible for this.

If a referral is not obtained and cannot be obtained before the visit you will have the choice of rescheduling the visit or paying the full fee at the time of the visit.

There is a no show fee of \$ 25 if you do not reschedule or cancel your appointment before the appointment day.

I have read and understand the above financial policy.

Signature of Patient/Guardian

Printed name _____

Date ____/____/____