

**Lederman and Lederman, LLP
Pediatric Ophthalmology
Strabismus**

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Insurance Waiver/Payment Agreement

If you have a managed/commercial plan in which we do participate:

1. You are responsible for providing us with current insurance information at each visit. Notify us immediately of any insurance changes or any address change. We will bill your insurance company directly for our services.
2. Copays **MUST** be paid at the time of service.
3. You are responsible for any fees incurred if we do not have the most current insurance information at the time of visit as most insurance have a time frame that we can submit claims.
4. Referrals are due on the day of the examination. Failure to do so can cause your insurance company to deny the claim. Referrals can only be back dated within 24 hours.

If you do not have insurance coverage:

1. If you do NOT have medical coverage, payment in full is due at the time of the visit.

Collection/Overdue Payment Policy:

1. If there is a balance that is 60-90 days past due, we will send you a past due letter via mail and email with an attached invoice.
2. If you have any balances that are 120 days past due, we will turn it over to our collections department. You will not be able to schedule an appointment until payment is made in full or if you have made a payment arrangement.

Missed/Cancelled Appointments:

1. Visits that are cancelled with less than 24-hour notice will result in a \$50.00 charge.
2. If you **NO SHOW** for an appointment you will be charged \$75.00
3. If you are sick or have an emergency, please give us a call to reschedule your current appointment.

Patient Name: _____

Parent/Guardian Signature: _____

Date: _____