

Lynda Varlotta, D.O.

Family Medicine and

Osteopathic Practice

1501 Stony Brook Rd, Stony Brook, NY 11790

**Financial Agreement**

Insurance is accepted as payment for covered procedure. I (please print) \_\_\_\_\_ am responsible for any co-insurance, deductible, non-covered procedures or if my insurance company denies services as not medically necessary. Any insurance check I receive for all services will be endorsed and forwarded to the doctor along with the Explanation of Benefits within 45 days from the date they are issued by my insurance company. All balances must be paid within 3 months after the insurance payment is received by the office or by myself and if not paid, a \$10.00 per month late fee and/or collection costs and legal fees of 20% of total amount owed will be added to the balance.

Sign \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, am aware that Dr. Lynda Varlotta is an out-of-network physician and insurance companies and plans vary. Therefore, it is my responsibility to understand my plan and its out-of-network benefits as there might be a balance on my part due to out-of-network deductible and co-insurance. I understand that physician and staff cannot predict how claims are processed until Explanation of Benefits is received. ALL EOBs, (Explanations of Benefits) including those without checks attached, received by the insured ought to be forwarded to the physician.

Sign \_\_\_\_\_ Date \_\_\_\_\_