



Lawrence Piazza, M.D.
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Patient Financial Responsibility

CO-PAYMENTS: Your co-payment will be collected at check-in.

MEDICARE: Please bring your Medicare card to your appointment as we need a copy of your card on file.

MAINECARE: If your MaineCare policy requires an insurance referral from your Primary Care Physician, it must be in place prior to your visit or your appointment will be rescheduled.

HMO INSURANCES: Please make sure an insurance referral from your Primary Care Physician is in place prior to your visit or your appointment will be rescheduled.

SELF PAY: Patients with no insurance coverage are expected to pay, in full, at the time of service.

OUT OF POCKET: We collect deductibles, co-insurance, and non-covered services at the time of service.

OUTSTANDING BALANCES: Payment is due upon receipt of statement. Balances not paid within 28 days of the initial billing may be subject to a late fee. In the event a past due account is sent to a collection agency, a collection fee will be assessed.

DRIVERS LICENSE AND OTHER FORMS: There is a nominal charge for completion of forms by the physician.

REFRACTION TEST: The cost of a refraction test is based on your insurance plan. Typically, this amount will not exceed \$70.00. Please call ahead, or ask at check-in, if you have any questions.

****Please be advised most insurance companies do not consider treatment for a medical diagnosis by an ophthalmologist to be a Routine Eye Exam. Please contact our office so we may research your specific benefits.****

Payment Options: Cash, Check, Visa, MasterCard or CareCredit Financing Company

I hereby acknowledge that I have read and understand the above information.

SIGNATURE

DATE

PRINTED NAME