

OFFICE POLICY OF DAVID YABLONSKY, D.O.

We want to give you information regarding our financial policy in order for us to provide the best service to you. Here are a few of the most common concerns.

1. **REGARDING INSURANCE:** The doctor's service is provided directly to you and not to an insurance company. If your insurance plan is a PPO plan or HMO plan, we will only collect your co-payment at the time of service. We are a Medicare provider, but without if you do not have a secondary supplement you will be responsible to 20% of your charges that Medicare does not pay. We cannot render service on the assumption that charges will be paid by the insurance company.
2. **SPECIAL NEEDS:** Special needs are understood by this office. It may be necessary to set up a payment plan for a patient requiring extensive treatment. To make payment arrangements, please call our billing department, IC Management Billing and Consulting at 618-433-9245.
3. **AUTHORIZATION:** We do require your signature to authorize "release of information."

I hereby authorize David Yablonsky, D.O. to release any medical information necessary to process charges, insurance forms, release medical records to other physicians or institutions upon request, and I also authorize payment directly to David Yablonsky, D.O., covering any benefits due for services rendered.

Signed _____ Date _____

PROMISSORY STATEMENTS

"I hereby recognize and accept full responsibility for the timely payment of any balance remaining after such benefits have been paid." I have read the above office policy of David Yablonsky, D.O., and understand the financial policy of this office.

Signed _____ Date _____

*We submit your surgical/hospital insurance as a service to you. Therefore, if you have any questions in this regard, please do not hesitate to contact us for assistance or clarification of your changes.

For co-pays and other payments our office will accept credit card, and check.