

Professional Eye Associates
9 Fork Street, Mt. Pocono, PA 19344
BK Plaza, HC 2 Box 1702, Brodheadsville, PA 18322
Tax ID#23-2824862
(570) 839-2221/(570) 992-3933
www.peassociates.net

INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. Unless we are designated as a preferred provider for your insurance company, we are not a party to this contract. If we are a preferred provider for your insurance company, we will handle your claims according to our agreement with your insurance company.

In all cases, we file insurance claims as a courtesy to our patients. We cannot become involved in a dispute between you and your insurance company regarding deductibles, co-payments, coverage changes and secondary insurance other than to supply factual information as necessary.

You are responsible for full payment of your account. All office visits are due at the time of any checks and explanation of the benefits to us so we can promptly credit your account. I understand that I am responsible for any amounts not covered by insurance.

If my account becomes delinquent for any reason, all court costs; legal fees, collection fees, and interest will be my responsibility. I understand that any account turned over for collection for unpaid services will result in an additional \$30.00 fee for returned check.

I hereby authorize Professional Eye Associates to furnish information to my insurance carriers, Medicare, concerning my illness and treatments that I hereby assign to the physicians all payments for medical services rendered for myself or my dependents.

We want you to have a clear understanding of our billing policy. Please call if you have any questions or concerns. If you require any special billing arrangements, please discuss this with our office manager prior to your visit.

I have read, understand and agree to abide by this billing policy.

Responsible party signature

Date

Dr. Steven R. Demko, Doctor of Optometry
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