

ROBERT J. KRAUT, M.D.

FLORIDA RETINA AND VITREOUS CENTER, P.A.

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1177 Blackwood Ave.
Ocoee, FL 34761-4518
Ph(407)654-8000 Fax(407)654-8002

FINANCIAL POLICY

INSURANCE/MEDICARE

If you have insurance, we will process your claim (except those with addresses out of the United States) but we request that you pay any deductible that has not yet been met and your co-payment at the time of service.

If your medical plan requires a referral or an authorization number, it is your responsibility to obtain one. If you or your referring physician fail to obtain one, you will become responsible for all services provided.

When a commercial insurance does not respond within 60 days, payment for services become the responsibility of the patient.

WORKERS COMP

If you have an injury covered by Workers Compensation, we require that you give us your complete Workers Comp Information such as employer name and phone number, complete workers compensation company information, claim #, etc.

PRIVATE PAY

As a private pay patient, you are expected to pay at the time of services. Please ask to see the Financial Counselor if prior arrangements need to be made.

ALL PATIENTS

New patients will be asked to present their insurance card(s), and driver's license at the time of the initial visit and periodically on follow-up visits. We will copy/scan them and return them to you. Please have your insurance card available to present at each visit.

Patient responsibility will most often be satisfied in the following manner:

___ Cash ___ Check/Money Order ___ MasterCard/Visa

There is a \$15 charge for all returned checks plus any additional bank charges

Patient signature

Date