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PATIENT FINANCIAL AGREEMENT

We are committed to providing you with quality medical care. Our professional fees have been determined through careful consideration, and we believe these fees are reasonable and reflect the level of care we provide. We are happy to discuss with you any questions you may have concerning your bill or charges before any treatment is begun.

We are currently not participating in any insurance plans. Our office will file claims directly with your insurance carrier for services such as blood work, tests, etc. and where covered benefits have been verified. Insurance verification does not guarantee your insurance will pay for services. Payment of co-insurance, deductibles or fees for non-covered services, when applicable, is required at the time of service.

Each time you make an appointment, it is your responsibility to pay at the time of service. Verification of your plan benefits/coverage is required.

You may be asked to sign a waiver to acknowledge your understanding of your responsibility to pay for services over and above, or not covered by Medicare.

We accept cash, debit cards, Visa, MasterCard, and American Express for payment of services. We encourage you to leave your credit card on file to ensure that any balance owed is paid accordingly.

I have read, understood and agreed to the above office and financial policies. I hereby attest that I have given accurate information regarding my insurance and demographics and understand that I am solely responsible for payments not made by my insurance company or non-covered services.

Print Name

Date

Patient Signature

Credit Card Number: _____

Exp:_____ CVV Code: _____