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PBS OB/GYN Associates, PC Financial Agreement

To our valued patients:

Thank you for your patronage and we appreciate that you have entrusted us with your health care needs. This is to inform you that your insurance policy is an agreement between you and your insurance company. If the insurance company does not pay for your visit, you will be responsible for the bill. You are responsible for all deductibles, co-insurances and copays. If you do not provide us with the correct information to process your claim, such as your Insurance card, and the claim is denied, you will be responsible for these charges.

Effective July 1, 2016 the Doctors require a Credit Card or FSA Card on File.

According to your health insurance plan, we are required to collect your co-payments, deductibles and/or co-insurance. In providing the credit card information below, you authorize payment for services rendered, including co-payments, co-insurance, deductibles, and/or uncovered services. Once your insurance settles your claim and notifies Pavlides, Benson & Shats, OB/GYN Associates, of your patient responsibility, balances under \$200 will be charged automatically. For patient account balances exceeding \$200, you will be notified by Pavlides, Benson & Shats OB/GYN, prior to your credit card being charged. A receipt for the amount charged will be automatically mailed to your home.

The safety of your personal information is of the utmost importance to us. Please feel confident that all information provided is highly confidential and secure. By signing below, you acknowledge that you have read the above Financial Agreement Policy, you understand its terms and you accept full responsibility for all services rendered.

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 MASTER CARD CARD NUMBER: _____
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*Visa credit card, MasterCard, and Discover, have a 3-digit card security code printed on the back signature panel of the card. AMEX cards have a 4-digit code printed on the front side of the card above the number.

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