

BellaDonna Medical, P.C.

6410 VETERANS AVENUE, SUITE 103
BROOKLYN, NY 11234
(718) 209-6400
F. (718)-209-6060

Dear Patient:

We are committed to providing our patients with the best possible medical care. If you have special needs with regards to financial obligations, we are here to work with you. This financial policy has been established with these objectives in mind, and to avoid any misunderstandings or disagreements concerning payment for professional services.

Our office participates with various insurance plans. It is your responsibility to :

- Bring an updated insurance card and inform us of any changes as they occur
- Be prepared to pay your co-payment upon your visit. All co-payments are payable in cash.
- If you are without insurance coverage (These fees are payable in cash only.):

Initial Visit: \$150 Follow up visit: \$100 Ultrasound: \$250

AS OF JUNE 21, 2012, PATIENTS WILL BE CHARGED A \$25 *NO-SHOW FEE*
FOR OFFICE VISITS AND \$250 *NO-SHOW FEE* FOR OFFICE PROCEDURES, IF
YOUR APPOINTMENT IS NOT CANCELED WITHIN 24 HOURS OF THE
SCHEDULED TIME.

YOU WILL ALSO BE RESPONSIBLE FOR ANY COSTS OF PRODUCTS THAT WE
ORDER FOR YOUR PROCEDURE.

Our practice believes that good physician/patient relationships are based upon understanding and good communication. Please notify the front desk staff if you might have any questions or concerns.

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD IN FULL EVERYTHING THAT IS STATED IN THIS LETTER.

PATIENT PRINT NAME

Signature of Patient

Date