

YASMIN BHASIN, M.D., F.A.C.A.A.I
DIPLOMATE, AMERICAN BOARD OF ALLERGY & IMMUNOLOGY
(Adults & Pediatrics)

15DUNNING ROAD, SUITE 1
MIDDLETOWN, NEW YORK 10940
Telephone (845) 343 -7211
Fax (845) 343 - 1040

27 S. FRANKLIN TPKE, SUITE 301
RAMSEY, NEW JERSEY 07446
Telephone (201) 934- 9393
Fax (201) 934 - 9394

FINANCIAL POLICY

We do participate with most insurance companies; however **you are responsible for all co-payments, deductibles and co-insurance**, (which ever is applicable). If you are coming out of Network, you are responsible for the deductibles and any balance not picked up by your insurance carrier. In addition, you **must** have a **valid referral from your Primary Care Physician**, if your insurance company requires one. If you do not bring a referral you will be responsible for the entire bill.

All Co-payments are expected at time of service.

I have read the above Financial Policy. I understand and agree to the terms.

X: _____ **Date:** _____

ASSIGNMENT OF BENEFITS:

I authorize payment of medical benefits to _____
for professional services rendered.

X: _____ **Date:** _____

RELEASE OF INFORMATION:

I authorize release of any medical information necessary to process my medical claims.

X: _____ **Date:** _____