Total EyeCare and Aesthetics

Stephanie K. Becker, M.D., P.C.

120 Bethpage Road / Suite 102

Hicksville, New York 11801

Tel 516-681-2220/ Fax 516-681-2214

Guarantee Agreement:

Individual Responsibility for Non-Covered Services

In consideration of services rendered by Stephanie K. Becker, M.D., P.C. to the undersigned patient, I promise to pay Stephanie K. Becker, M.D., P.C. a co-payment, coinsurance, or any other charge required to be paid by their health insurance coverage. In addition, I promise to pay for all services that are not covered by my health insurance plan.

Assignment of Benefit Proceeds

I hereby assign Stephanie K. Becker, M.D., P.C. monies and/or benefits to which I am entitled from my insurer/ HMO/ third party payer, government agencies, or those who are financially liable for my medical care.

Authorization to Release Records

I hereby authorize Stephanie K. Becker, M.D., P.C. to release to my insurer/ HMO/ third party payer, government agencies, or those who are financially liable for my medical care all information needed to substantiate payment for such medical care and, if required, for pre-certification / prior approval purposes.

Patient Name (printed) and date

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Patient Signature

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