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Insurance Company Release

"I hereby authorize my physician to furnish any and all records, medical history, services rendered or treatment given to me or any dependent for purposes of review, investigation or evaluation of any claim submitted to any insurer. If my coverage under a Group Contract held by an employer, an association, trust fund, union, or similar entity, this authorization also permits disclosure to them for the purposes of utilization review or audit. This authorization shall become effective immediately upon execution and shall remain in effect for the duration of any claim or term of coverage with the insurer including a reasonable time thereafter, until its final consummation. This authorization shall be binding upon me, my dependents, and our heirs, executors and administrators"

Authorization To Pay:

"I request payment of this claim, and if the physician accepts assignments, authorize payment directly to the physician for the services described."

Deductible/Co Payment

"I understand that whatever program I subscribe to, I am responsible for all deductible payments or co-payments determined by my insurance policy."

Referral Responsibility of Patient

This is to advise you it is your responsibility, as a patient, to obtain a referral from your primary care physician for services rendered. This referral must be dated prior to the time of services that the doctor renders. If not obtained, you will be responsible for payment to the doctor.

Patient's Signature: _____ **Date:** _____