

ANDREW DOBRADIN, M.D., Ph.D., F.A.C.S.

320 North Edinburgh Drive, Suite B
Winter Park, FL 32792
Phone 407-647-3460 Fax 407-647-3484

FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing Dr. Andrew Dobradin as your health care provider. We are committed to providing excellent health care services to our patients. As part of our professional relationship it is important that you understand our financial policy.

- It is your responsibility to provide us with your most current insurance and billing information.
- Co-payments, co-insurance, and deductibles are due at the time of service. For co-insurance we will estimate the amount you owe. You will be responsible for the balance after your insurance company pays your claim. **We accept cash, checks, Visa, and MasterCard.**
- You will receive a statement from our billing office, **Florida Physicians Medical Group**. Payment for your balance will be due upon receipt of the statement. If you are unable to pay the balance in full, you must contact the billing office to make payment arrangements.
- If you undergo surgery, your insurance company will be billed for Dr. Dobradin's professional services. The hospital or surgical center will be billed for operating room fees and there are additional fees for anesthesia. Some surgical procedures may require a second surgeon to assist and your insurance company will be billed separately on his or her behalf. Any inquiries should be addressed to that surgeon's billing department. Deposits paid to Dr. Dobradin are only applied to his fee for performing the surgery.
- Form fees – Forms that you request be filled out for FMLA, short/long term disability, and all other insurance forms will be subject to a \$25.00 fee per form.

I have read and understand this financial policy.

Patient Name: _____ Date: _____ / _____
Signature of Responsible Party