

Bruce Kirschner, M.D.  
Ophthalmology  
Laser Vision Correction



## STATEMENT OF FINANCIAL POLICY

**\*\*PLEASE BE ADVISED THAT THE RESPONSIBILITY TO KNOW  
THE TERMS OF YOUR INSURANCE RESTS WITH YOU.\*\***

**Patients with Insurance:** Patients who have verifiable insurance benefits are required only to pay their co-payments, co-insurance, and other fees that may not be covered by your insurance. *Payments are collected at the time services are rendered.* We will bill your primary and secondary insurance only. We shall bill you later for any balance due such as deductibles.

1828  
EL CAMINO REAL  
SUITE 404

**Patients with a HMO plan:** We accept HMO's that are affiliated with Mills Peninsula Medical Group (MPMG). This does require a prior authorization from your primary care physician prior to your appointment. **If you do not have your referral authorization at the time of your visit, you will be required to make the full payment at the time of service. If the referral authorization follows at a later date, a refund check will be issued.**

BURLINGAME  
CA 94010

**Patients without Insurance:** Sometimes patients lose their insurance due to job change, lack of employment, or prefer not to use their current coverage. We are willing to treat these individuals on a "Self Pay" basis. This means that you pay for your services at the completion of each appointment.

PHONE:  
650.692.8788

**Cancellation & Missed Appointments:** A 24-hour notice is required for all appointment cancellations. Failure to notify us in advance for cancellations or missed appointments will result in a **\$50.00 service charge.**

FAX:  
650.692.8798

If you should have any questions regarding your account balance, please contact our office (650) 692-8788. A \$25.00 service fee will be charged for all returned checks.

EMAIL:  
KIRSCHNER  
@AOL.COM