

AVENUE MEDICAL ASSOCIATES, P.C.

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Insurance Fee Notice

It is acknowledged that the primary reason for my appointment today is for my Annual Well Visit with Avenue Medical Associates, P.C. While my insurance company may not require the payment of a co-pay for an Annual Well Visit, the physician may determine that additional services such as screening and/or diagnostic tests (EKG, Venipuncture, Vision Screening, Hearing Test, Echocardiogram, etc.) may be medically necessary. In addition, the physician may determine it necessary to address other medical conditions he or I feel require attention. Your insurance may deem these tests non covered or not medically necessary.

These additional services and attention to medical conditions may be subject to co-payments, coinsurance, or deductibles as assigned by my insurance carrier for which I may be responsible. Any questions I have regarding my specific benefit plan will be directed to my individual insurance carrier.

Sign Name:

Date:

Print Name:
