

## Our Financial Policy

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your financial responsibility.

We will request a photocopy of the front and back of your insurance identification card. Please update your card with any additional information your insurance company provides you with, such as stickers and/or jackets, which contain information necessary to submit claims on your behalf. It is your responsibility to inform us of any changes to your policy.

### **COPAYMENTS**

By law we must collect your carrier designated copay at the time of service. Please be prepared to pay that copay at the time of service. Copays **not** paid at time of service are subject to a \$15.00 service fee.

### **NON COPAY PLANS**

If we participate with your plan and it does not require a copay, we will accept the fee schedule of the carrier. You will be responsible for coinsurance amounts as well as any deductible per your individual policy.

### **NON PLAN PATIENTS**

Payment will be expected at the time of service when we do not participate with your insurance. We will provide you with the necessary forms to submit to your carrier or we will be happy to file a claim on our behalf, as long as you provide us with a copy of your card.

### **MEDICARE PATIENTS**

We participate with your insurance and will be happy to submit to your secondary carrier as well. Please provide us with copies of your ID cards.

### **REFERRALS**

If you have an HMO you must bring a referral with you for your office visit. Patients who come to our office without the proper referrals will be responsible for the cost of the visit.

### **RETURN CHECK POLICY**

If your check is returned unpaid, we will charge a \$25 fee each time the check is returned.

### **NO SHOW FEE**

We charge a \$25 fee for any no show for a scheduled appointment without 24 hours' notice.

### **MEDICAL RECORDS**

Requests for copies of medical records will incur a charge based on the NJ laws governing disability and other medical forms – completion of disability and all other medical forms will incur a fee.

We accept Cash, Checks, MasterCard, Visa, American Express or Discover.

Thank you for taking the time to review our policies. If you have any suggestions or special concerns, please bring them to our attention.

If you need to discuss financial arrangements, please call and speak to Diane or Cathy prior to your appointment.

We reserve the right to send you a bill and hold you financially responsible for the visit should your insurance company determine that you did not have active coverage at the time of the visit or if you fail to provide us with correct insurance information at the time of your visit.

Signature \_\_\_\_\_ Date \_\_\_\_\_