

**1203 N. High Street, Unit B
Millville, NJ 08332
Phone: 856-293-7466**

Financial Policy

Thank you for choosing our office for your health care needs. We have some basic guidelines concerning insurance and financial requirements. These guidelines help us to control health care costs by reducing our billing and collection costs.

Payment Options

The law requires us to collect all co-payments and deductibles, at the time of service. If we do not collect payments, your insurance company can charge us with fraud. Please do not ask us to waive these requirements. You can pay by cash, check or major credit card (Visa and MasterCard).

If you have a major medical plan, payment is expected on the day of your visit. Once payment is posted we will give you a receipt containing all the information you will need to get reimbursed from your insurance company.

Payment Liability

If you have an HMO or other managed care plan and are required to bring a referral, you must bring it with you on the date of your visit. If you do not bring a referral, you will be asked to sign a waiver of responsibility. If we do not receive the referral, you will be responsible for the charges. It is your responsibility to understand what your insurance company requires.

We participate with many different insurance plans. Please check with our Billing Department to see if your insurance company is included. We will be glad to submit claims to your insurance company if you provide us with all necessary information. You are responsible for any part of your bill not paid by your insurance company. Your insurance company has 60 days to respond to our claim. If your carrier has not responded in 60 days, or if your claim is denied or partially paid, you will have to pay the balance: We will do everything we can to assist you in getting payment from your insurance carrier.

If you are having financial troubles, please discuss them with our billing manager. Although we will work with you, we will not misrepresent any medical information to get reimbursed by your insurance company. Please respect that we need to charge and be paid for our services to keep our doors open and provide you with the quality care you deserve. Delinquent charges will be referred to our collection agency and the fees charged by that agency will be added to your balance.

Please initial below to acknowledge your receipt and understanding of our policy.

Initials: _____

Date: _____