

Acknowledgement of Office Policy

We would like to thank you for choosing Princeton Hypertension- Nephrology Associates as your provider. As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

Payment

Payment is expected at the time of service. This is an insurance company rule. This includes co-payments for participating insurance companies. We accept cash, personal checks, VISA, Discover and MasterCard. *There is an additional fee of \$10.00 if co-payment is not paid at time of service.* There is a service charge of \$35.00 for returned checks.

Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Insurance

Please present your insurance card at the time of your appointment. Card must be present.

We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicare Managed Care. Our billing office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information at time of check in and any new insurance you may have. As a courtesy if you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Tertiary (3rd carriers) claims are the responsibility of the patient to file. If there is a balance after the primary and/or secondary pays, the patient is responsible to pay this balance in a timely fashion. It is the patient's responsibility to comply with this request.

If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

Having insurance is not a guarantee of payment and eligibility does not negate the patient's responsibility with regards to the plan policy or guidelines.

Referrals

The patient is responsible to know if his/her plan requires referral. If your plan does require referrals one must be available and valid prior to your visit. Otherwise the visit will be considered self pay and a waiver will have to be signed before seeing the doctor. Retroactive referrals are not considered as valid referrals.

Not showing up for your visit

The patient is responsible for keeping track of their appointments. We do call two days in advance as a reminder, but it is a courtesy call for our patients. We request a **48 hour notice** if you are unable to make your appointment. *There is a "No Show" fee of \$100.00 for a New Patient and \$50.00 for an Established Patient.*

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____ Date _____

Responsible party member's name _____ Relationship _____

Responsible party member's signature _____ Date _____