

FINANCIAL POLICY

This policy applies to all patients. Payment is due at the time service is received. For your convenience, we accept cash, check and money order. Co-payments must be paid on the date of service. Patients are responsible for deductibles, coinsurance amounts and charges not paid by insurance due to failure to present proper paperwork. All charges are subject to a chart and coding review prior to being finalized. Bills on demand are estimates only and should not be used for insurance claims, nor are they to be considered final bills.

As a courtesy, our office will automatically file primary and secondary insurance claims. Patient balances due are billed monthly. Accurate and complete insurance information, including changes must be provided to Registration at the time of service. We will directly bill patients who fail to provide correct and timely information. We understand that unusual circumstances may arise and that payment in full at the time of service or post insurance payment may not always be possible. Patients must discuss special payment needs with our Billing department. Payment plans are available, subject to approval by Management.

Accounts not paid in accordance with terms of credit or incomplete financial arrangements will nullify any prior agreements. Physician services are provided to patients, not insurance companies, thus patients are responsible for charges for care received. If your insurance company has delayed payment on clean claims past 180 days, they will revert back to direct patient responsibility. Patients can then independently deal with their insurance. Patient balances due are payable 90 days after the date of the first invoice. A late fee of 1.5% monthly interest will be charged to delinquent accounts, commencing on the ninetieth (90th) day after the first date billed. We may, at anytime after 90 days, turn delinquent accounts over for collection. Balances in collection are payable to our agent, C & C Collections, and will include the agent's fee in addition to our charges. Agency fees are typically 45% of the balance due.

Other fees: The returned check fee is \$25.00 per occurrence. A \$5.00 per form fee, plus any postage applies to forms over and above normal billing and/or medical records handling. Examples of such forms are rental assistance or disability forms other than for State and Federal, and credit cards, mortgages, etc.

In case of divorce, the parent who brings the child/children in for treatment is responsible for payment and for collecting from the other parent or attorneys.

This office does not accept letters of protection, nor do we bill third parties such as businesses or homeowner policies. We do not and will not become an additional party in such matters. We expect payment the day services are provided and will not extend credit based on agreements that patients have established with another party. Patient/guarantors must, therefore, obtain reimbursement from the other party.

Central Jersey Sports Medicine & Orthopaedic Center is a participating Medicare provider. Standards are posted in our office and available by mail upon request. This office conducts business in accordance to an internal voluntary compliance plan. We will not fulfill requests from patients that are considered fraudulent by the United States or New Jersey State government. If you have questions regarding your bill or believe it to be in error, please notify our Billing departments immediately at 732-364-0123. Representatives receive ongoing training and are available to answer your questions. Our Compliance Officer is also available, should you require additional assistance. Medicare and commercial insurance policies are complex and contain many details. We will gladly assist you with any questions you have, however, if you are ultimately dissatisfied with our billing, you may call your insurance company and we will be glad to work with them directly to resolve any issues. Please call our office if you have any further questions. Thank you.

I hereby certify that I have the Central Jersey Sports Medicine & Orthopaedic Center Financial Policy and understand my financial responsibility and agree to the terms stated in the Financial Policy.

**PLEASE NOTIFY OFFICE IF YOU NEED
LARGER PRINT**

Patient/Responsible Party

Date