



Financial Policy

We at New Jersey Urology, LLC are committed to providing you with the best possible care and ask that you please review the financial information below and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance:** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and Deductibles:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.
3. **Services and Referrals:** It is your responsibility to understand your insurance coverage, policy provisions, exclusions and limitations as well as authorization and referral requirements. If your insurance requires a referral from your primary physician, you must present this when you arrive for your appointment. Without a referral you will not be able to see your doctor.
4. **Non-Covered Services and Supplies:** Please be aware that some services and supplies you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You will be responsible for payment of these services or supplies in full.
5. **Proof of Insurance:** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
6. **ClaimsSubmission:** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
7. **Coverage Changes:** You are responsible for notifying us of any changes in your insurance. Failure to do so may result in a denial of coverage and fees for which you will be held responsible.
8. **Missed Appointment:** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.
9. **Payment:** You are responsible for all required payment of services based on the information outlined in policy items 1-8 above. If your insurance company pays you directly you must send payment to our office along with the corresponding Explanation of Benefits (EOB). Should your account become delinquent after 90 days we may refer your account to a collection agency which may incur additional fees that will become your responsibility.

Our practice is committed to providing the best treatment to our patients. Should you have any questions regarding our financial policy, please do not hesitate to ask.

I have read and understand the financial policy above and agree to abide by its guidelines:

(Print Name)

(Signature of Patient or Responsible Party)

(Date)