NORTH JERSEY THORACIC
SURGICAL ASSOCIATES, PC

Office Financial Policy

Our goal is to efficiently provide you with the highest level of care. By providing you with this description of our financial policies we hope to best achieve this expectation. Please read this agreement carefully and if you have any questions, don't hesitate to ask our staff.

1) Please take the time to familiarize yourself with your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure and what services are covered.

2) According to your insurance plan, you are responsible for all co-payments, deductibles and co-insurance. Co-payments must be paid at the time of service. A statement will be provided after insurance processing.

3) North Jersey Thoracic Surgical Associates, PC accepts cash, personal checks, (in-state only), Visa, Mastercard, Discover and American Express. We do not accept rewards cards due to additional service charge.

4) If we do not participate with your insurance plan, payment is expected at time of service unless other arrangements have been made. Please note that we participate with Aetna, Coresource, Horizon Blue Cross/Blue Shield of New Jersey, Medicare and Medicaid. We do not participate with any of the Medicaid HMO programs.

5) If you do not have insurance, please contact the practice manager or billing manager to make payment arrangements prior to your office visit. Please note we do not participate with the hospital's Charity Care program. This program is for hospital expenses only and does not cover physician charges.

6) A $25 fee will be charged for all checks returned for insufficient funds plus any bank fees incurred.

7) All balances over 60 days past due may be turned over to a collection agency

I have read and understand the above Office Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name _____

Patient Signature _____

Date _____