

**NORTH JERSEY CARDIOVASCULAR CONSULTANTS. LLC**  
**Financial Policy**

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive the maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy.

Co-payments are due on the day of your visit. We accept cash, checks, MasterCard, Visa, Discover and American Express. Our office will process all claims to your insurance company.

Returned checks are subject to a \$30.00 fee and balances older than 60 days may be subjects to additional collection fees and interest charges of 1 ½ % per month.

We will gladly discuss your proposed treatment plan and answer any questions related to your insurance.

You must realize, however that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. You are required to know the specifics of your insurance plan and whether it requires a referral to see a specialist. If a referral is required, you are responsible for bringing one with you on the day of your visit. Failure to obtain a valid referral will result in your being responsible for any charges associated with the day's services.
3. If you have Medicare, you are responsible for coordinating your benefits with any other insurance policies you may have and knowing whether Medicare is your primary policy.
4. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowable by each carrier. This applies to companies that pay a percentage of "U.C.R" which is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies.
5. Depending on your particular insurance plan, you may be responsible for co-payments, deductibles and/or co-insurance which may result in a balance bill based upon your insurance company's final processing of your claim.
6. Not all services are covered benefits under all contracts. Some insurance companies arbitrarily select certain services they will not cover.
7. Although an AUTHORIZATION may have been obtained for the services being rendered, an authorization only means that your insurance company has determined that the services are medically necessary. AN AUTHORIZATION FOR A TEST OR PROCEDURE IS NOT A GUARANTEE OF PAYMENT BY YOUR INSURANCE COMPANY. Once your claim has been processed and finalized, you may be responsible for ALL OR A PORTION of the fees allowed by the specific terms of your particular plan.

We emphasize that as health care professionals, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems do arise and we encourage you to contact us promptly for assistance in managing your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

Your signature below attests to the fact that you have read this statement and agree to comply with this financial policy.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_