



FAMILY CARE, PC

Children's Center • Adult Medical Center

PEDIATRICS/INTERNAL MEDICINE

West Wing Medical Plaza • (Behind HRMC)

657 Willow Grove Street - Suite 401

Hackettstown, NJ 07840

245 Main Street

Suite 300/302

Williamson Building

Chester, NJ 07930

908.850.7800

FINANCIAL POLICY

We are committed to providing the best possible care to our patients and their families, and feel this goal is best achieved if everyone is aware of our office policies. Your clear understanding of our financial policy is important to our professional relationship.

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. Full payment is expected at the time of service. This especially includes applicable deductible and co-payments for participating insurance companies. Plaza Family Care, PC., accepts cash, personal checks, Visa, Master Card and American Express. You will be given an itemized statement every time you or your child is seen in the office.

The benefit packages provided by insurance companies vary from employer to employer. Medical insurance is a contract between you, your employer and your insurance company. Not all services are a covered benefit in all contracts. You need to learn the benefits in your policy (including vaccine and well-child coverage) and follow the rules of the policy (such as authorization for specialty care, procedures, lab tests and emergency room use). We will bill the insurance companies we participate with, but if we are not paid in a timely fashion, you will be expected to pay the bill in full. Except as provided by such contract or by State law, we will hold you responsible for all charges. Any services rendered to you or your children that are not a covered benefit according to your insurance will be billed to you.

If you are experiencing financial difficulty, please let us know. In no case will a patient present to our office, with an urgent problem, be turned away because of financial problems.

If you need assistance or have any questions, our billing staff can be reached at (908) 850-7800 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

Every minor child, under age 18, seen in our offices for medical services must be accompanied by a parent or legal guardian, or by an adult who has obtained written consent for treatment from the parent or legal guardian. An exception is an adolescent presenting for confidential services, which we are permitted by State law to provide without notifying the parent.

The accompanying parent or other adult is responsible for full payment at the time of service and must have the proper insurance card. In the case (such as divorce), where the custodial parent is not the insurance holder, we will bill the covering insurance company or non-custodial parent. If there should be a dispute about the financial responsibility, we will then hold the accompanying adult responsible for payment. It will then be up to him/her to seek repayment from the other parent. We find it very difficult to look after your child's medical care when we are placed in the middle of a marital dispute.

If your insurance plan requires us to complete a referral in order for you or your child to see a specialist, or for procedures or lab tests, you must allow three (3) business days to complete the appropriate forms prior to obtaining services. Retroactive referrals cannot be processed and will not be honored. In general, we will not agree to a referral for a problem we have not been consulted with first.

Our referral department (908) 850-7800, can be of great assistance in answering your questions, but please do not ask them to violate insurance contracts or our office policies.

Broken appointments are a cost to us, to you, and to other patients who could have used the time set aside for your appointment. Please call us at least 24 hours in advance to make any scheduling changes you need. We reserve the right to charge a \$25.00 fee to your account if we find that you continue to miss appointments without advance notice. Excessive abuse may result in dismissal from the practice. There is a fixed \$125.00 fee for missed Neurodevelopmental appointments.

As stated above, all fees are due at the time of service. Any charges remaining unpaid sixty (60) days after the date of service are considered past due. In this case, we will make every effort to contact the person responsible for the delinquent balance, and arrange an equitable payment schedule. However, if no effort is made to pay the balance due, it may be sent to a collection agency. In this case the responsible person will be asked to seek medical care for themselves and their families elsewhere.

- I have read and understand the Plaza Family Care, PC financial policy.*
- I agree to keep Plaza Family Care, PC accurately informed of my insurance status for either myself and/or family members and to assign benefits to Plaza Family Care, PC.*

_____ Date: _____
Signature of Insured or Authorized Representative