

PULMONARY INTERNISTS, P.A.

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FINANCIAL POLICY

We welcome you to our practice. The following is a statement of our financial policy. All patients must complete our Patient Information Sheets before seeing the doctor.

Unless previous arrangements have been made, all payments are due at the time of the appointment. Payment may be made by cash, check, MasterCard or Visa. We will only bill insurance carriers with whom we participate (have a signed agreement).

REGARDING MANAGED CARE INSURANCE WITH WHICH WE PARTICIPATE: You are responsible to supply our staff with your primary and secondary insurance identification cards at the time of your appointment. If your insurance company requires a referral from your primary doctor, you must also present this to the receptionist prior to being seen, as we can not bill your insurance without it. If you do not obtain a referral when your insurance company requires one, you will be required to pay for the visit in full. If your insurance requires copays, it must be paid at the time of the visit.

At times, your insurance carrier will deny payment for authorized services. If so, you may be asked to help resolve these issues with the carrier.

REGARDING NON PARTICIPATING INSURANCES: If we do not participate with your insurance, the bill is your responsibility and is due at the time of service. We accept cash, check, MasterCard or Visa. Your insurance policy is a contract between you and your insurance company. Our office is not part of that contract.

Our practice is committed to providing the highest quality of treatment to our patients and we charge what is usual and customary for our area. We know how confusing insurance plans can be. If you have any questions, please ask as we may be able to help you.

We do participate with Medicare. This means that we will submit your claim to Medicare. The 20% difference between what Medicare "allows" and what Medicare "pays" will be sent to your secondary insurance if you have or to you. You will also be responsible for your yearly deductible.

RETURNED CHECK FEE: \$25. Our bank charges us a fee for any check that is returned for insufficient funds and this will be added to the patient's bill if this occurs.

If you are unable to keep your appointment, 24 hours notice of cancellation is required. Otherwise, a \$25 charge will be made for the time that was reserved for you.

Any outstanding balance for which the patient is responsible is due within 30 days of billing. Any account that has gone 60 days or more without payment is subject to immediate collection process. Accounts that go to collection will be subject to a \$25 charge.

Thank you for your cooperation in understanding our financial policy. If you have any questions or concerns, please feel free to ask. If you cannot pay in full at the time of service, please let us know before you see the doctor that you would like to discuss a payment plan.

I have read the above Pulmonary Internists, PA Financial Policy. I understand and agree to abide by its terms.

Print Patient Name

Signature of Patient

Date