

## **PAYMENT AGREEMENT**

Thank you for choosing our practice! First and foremost, we are committed to the success of your medical treatment and plan of care. Please understand that payment of your bill is part of this treatment and care.

### **OFFICE VISITS & OFFICE SERVICES**

Patient's health insurance plans state that payment for copays is to be collected for office visits at time of service. If you do not have your copay for your visit, we can reschedule your appointment.

### **DO YOU NEED A REFERRAL?**

Current referrals are necessary for ongoing care. If you have a plan that requires referrals, it is your responsibility to contact your Primary Care Physician and have referral sent to our office. If a referral is needed for your appointment, you may contact your PCP to request the referral be faxed to our office or you can bring the hardcopy provided by your primary doctor. We will not be able to keep your appointment if the required referral is not received and will need to reschedule your appointment.

### **PATIENT CANCELLATION AGREEMENT**

This office requires forty-eight (48) hours' notice for all patients cancelling office visits, new patient appointments and consults. If our office does not receive a minimum of forty-eight (48) hours' notice, you will be charged \$100 for the missed appointment or consult. This charge is not eligible to be submitted to your insurance. It will be billed directly to your account.

### **SURGERY**

Our office will complete any pre-certification or authorization that may be required by your insurance company. We will review any deductibles and out of pocket expenses you will be responsible for as outlined by your insurance plan. We cannot assume that your deductible has been met. We will submit all charges to insurance for payment. However, please keep in mind that any calculated amount is an estimated cost. Unfortunately, there is always the possibility that after your insurance pays its portion, you may have a balance due towards copay, coinsurance or deductible. If your insurance denies payment on a surgical procedure, a flat rate fee will be applied and will be your responsibility.

### **DURABLE MEDICAL EQUIPMENT**

At the time of your visit, the doctor may suggest anti-embolism or compression stockings. If you purchase durable medical equipment from our office, all sales are final. There can be no returns or exchanges.

### **HOW MAY I PAY?**

We accept payment by Cash, Cashier's Check, Visa, MasterCard, Discover, American Express or Diner's Club

### **ACKNOWLEDGEMENT**

I have read, understand and agree to the above Payment Agreement. I understand that my co-payment is due and payable at the time of service. I understand that charges not covered by my insurance company as well as applicable copayments, coinsurances and deductibles are my responsibility.

- In the event that outside collection and/or legal costs are incurred by this office to obtain payment due, responsible party agrees that they will be liable for any costs incurred.
- I authorize my insurance benefits to be paid directly to **The New Jersey Vein and Vascular Center**

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Printed Name of Patient

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date