

Hospital / Surgery Center / Office Financial Policy

We are dedicated to providing our patients with the best possible care and service, while trying to keep your out of pocket costs from rising. In order to do so, we ask you to read in full the following policy and understand the importance of keeping all scheduled appointments and procedures.

We are scheduling you for a procedure or surgery in one of our participating hospitals or at Central Jersey Surgery Center.

- 1) Our Doctor fees and pre-payments are in no relation connected to the fees and pre-payments of the facility and/or other fees associated with the procedure.
- 2) We do participate with several insurance companies; it is your responsibility to call your insurance company or benefit office to verify that the doctor that will be treating you is participating with your insurance to avoid added out of pocket expense.
- 3) If we are NON-PARTICIPATING with your insurance company or you do not have insurance, you will be responsible for the entire doctor fee for the procedure. This fee MUST be paid prior to the date of the procedure and reimbursement will be made only after we receive any payment from your insurance company. Reimbursement will only be the amount paid by insurance.
- 4) If we are participating with your insurance it is your responsibility to provide referral and authorization information to our office. Failure to do so may result in a denial from your insurance company and complete payment your responsibility.
- 5) We have noticed an increase in patients that schedule procedures and surgeries and then cancel either less than 24 hours in advance or they do not show up at the place of service. Due to the schedules of our doctors, the time spent on the scheduling of surgeries, and the amount of patients that are waiting for surgery availability dates; we have had no choice but to enlist the following policy.

***ALL PATIENTS THAT DO NOT NOTIFY THE OFFICE OF A CANCELLATION 24 HOURS IN ADVANCE OR THAT DO NOT ARRIVE ON TIME FOR A SCHEDULED PROCEDURE OR SURGERY WILL BE CHARGED \$250.00 for a procedure scheduled to be performed in one of our offices or \$500.00 for surgery performed either at the Central Jersey Surgery Center or one of the hospitals. This fee will not be reimbursed by your insurance company.**

*Any patient that does not give adequate cancel time (24 hours) or does not arrive on time for a procedure or surgery in excess of 2 times will not be rescheduled and will be asked to transfer their records to another doctor for their Urologic care.

- 6) Once you have signed this agreement, you agree to all terms and conditions contained herein, and the agreement will be in full effect on the date signed.

Thank you in advance for your understanding and cooperation.

Signature of Patient/Guarantor

Date

CREDIT CARD INFORMATION:

TYPE _____ CARD# _____ EXP. DATE _____