

SEA GIRT MEDICAL ASSOCIATES, P.C.
OFFICE FINANCIAL POLICY

Sea Girt Medical Associates' goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our financial policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions please do not hesitate to ask a member of our staff.

1. Upon arrival, please register with the front desk and present your current insurance card(s) at every visit. If we are your primary care physician, make sure our name or phone number appears on your card. If we are not your designated PCP at the time of the visit, you will be financially responsible for the charges.
2. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see a specialist, if pre-authorization is required for a procedure and what services are covered.
3. According to your insurance plan, you are responsible for any and all copayments, deductibles, and coinsurances.
4. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.
5. If you have no insurance, payment in full is due at the time of the visit.
6. **Copays are due at the time of service, in accordance with your insurance plan. A \$15.00 service fee will be charged in addition to your copay, if the copay is not paid at the time of visit.**
7. Patient balances are billed immediately upon receipt of your insurance plans explanation of benefits. Your remittance is due within 15 business days of your receipt of your bill. A finance charge of 1.7% will be added monthly to any unpaid balance.
8. Balances over 60 days will be turned over to a collection agency. Should your account be referred to collections, you will be subject to a fee of **\$50.00 or 20%**, whichever is greater.
9. We require 24 hours notice for canceling any appointment, or a **\$25.00** no-show fee will apply.
10. A **\$25.00** fee will be charged for any checked returned for insufficient funds, plus any bank fees incurred.
11. We charge **\$1.00** per page for copying of Medical Records.
12. If you/your child have disability forms, school forms, camp forms, sports forms, etc. to be completed, there is a **\$10.00** charge per form. Payment is due when the forms are dropped off. We have a one week turn around time to complete these forms. Immunization records are required.
13. 72 hours advance notice is needed for all non-emergent referrals. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary physician must approve referrals before being issued.
14. Before making an **annual physical** appointment, check with your insurance company to verify they will cover a healthy visit. Not all plans cover annual healthy physicals. It is **your** responsibility to know **your** insurance plan benefits. If it is not covered, you will be responsible for payment.

I have read and understand the above Office Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name (Print) _____

Signature of Patient, Parent or Guardian

Date