

# Acknowledgement of Office Policy

We would like to thank you for choosing Cardiology Associates of Princeton as your provider. As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies. *(For a complete and in-depth outline of our office policies, please refer to our Office Policy on our website - [www.cardioprinceton.com](http://www.cardioprinceton.com))*

## Payment

Payment is expected at the time of service. This is an insurance company rule. This includes co-payments or coinsurance for participating insurance companies. We accept cash, personal checks, VISA, AMEX, Discover and MasterCard. *There is an additional fee of \$10 if co-payment is not paid at time of service.* There is a service charge of \$30 for returned checks.

Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

## Insurance

Please present your insurance card with you at the time of your appointment. Card must be present.

We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicare Managed Care. Our billing office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information at time of check in. As a courtesy if you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Tertiary (3<sup>rd</sup> carriers) claims are the responsibility of the patient to file. If there is a balance after the primary and/or secondary pays the patient is responsible to pay this balance in a timely fashion. It is the patient's responsibility to comply with this request.

If you are insured by a plan we participate with but **don't have an insurance card** with you, *payment in full for each visit* is required until we can verify your coverage.

If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

Having insurance is not a guarantee of payment and eligibility does not negate the patient's responsibility with regards to the plan policy or guidelines.

## Referrals

The patient is responsible to know if his/her plan requires referral. If your plan does require referrals one must be available and valid prior to your visit. Otherwise the visit will be considered self pay and a waiver will have to be signed before seeing the doctor. Retroactive referrals are not considered as valid referrals

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Responsible party member's name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Responsible party member's signature

\_\_\_\_\_  
Date