

## CJIMA Financial Agreement

The following is a statement of our financial policy. All patients must complete this form.

Our goal is to provide the highest quality medical care to our patients. We charge what is usual and customary for our area. We know how confusing insurance plans can be, if you have any questions, feel free to ask us. We may be able to help. Our billing office number is 732-828-0550 and we are open Monday through Friday from 8:00 to 4:30.

Patients are responsible for their co-payments at the time of visit. Also, if you have an outstanding balance on your account, you will be asked for payment prior to seeing your provider. Payments may be made by cash, check, American Express, Discover, Master Card and Visa. Our billing office will be happy to assist with setting up a payment plan if needed.

Regarding Insurance Companies We Participate With: You are responsible to supply our staff with your primary and secondary insurance cards prior to your appointment. If your insurance company requires a Primary Care Physician (PCP), it is your responsibility to have one of our physicians listed as your PCP prior to your appointment. Should inaccurate or omitted insurance information be supplied causing a reduction or non-payment of benefits, the obligation of payment will be transferred to the patient.

Regarding Non-Participating Insurances: If we do not participate with your insurance, the bill is your responsibility and payment is due at the time of service. We accept cash, check, American Express, Discover, MasterCard and Visa. Your insurance policy is a contract between you and your insurance company. We are not part of the contract. Our billing office will be happy to supply you with any forms you may need to get reimbursed by your insurance company. In addition to many health insurance companies, we do not participate with any Medicaid, Workers Comp or Motor Vehicle Insurance Companies.

For patients without insurance: You are required to pay for services at the time of your visit.

Additional Information: Our Returned Check Fee is \$25. Our bank charges us a fee for any check that is returned and this fee will be added to your bill.

If you are unable to keep an appointment, you must notify our office 24 hours prior to your appointment, otherwise you will be charged \$25 for any missed appointment and \$50 for a missed physical appointment. You must speak to a staff member to cancel an appointment. Do not leave a message

Any account over 120 days old without payment will be sent to a collection agency. A \$50 collection fee will be added to your account. You will not be able to make another appointment until the balance is paid.

I have read the CJIMA Financial Policy. I understand and agree to abide by the terms.

I hereby authorize the release of any medical information for the processing of insurance. I hereby assign all medical benefits to which I am entitled to Central Jersey Internal Medicine Associates. A photocopy of this assignment is to be considered as valid as the original.

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Print Patient's Full Name

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Signature of patient/guardian

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Date