

**MONTEMURRO OBGYN
ROBERT J. MONTEMURRO, M.D.
DANIELLA MONTEMURRO, M.D.
1027 POMPTON AVE, 2ND FLOOR
CEDAR GROVE, NEW JERSEY 07009**

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policies is important to our professional relationship. We make every effort to keep our fees reasonable while at the same time covering the cost of the services we provide. Payment of your bill is considered part of your overall treatment. In order to keep health care cost to an absolute minimum, we have adopted the following policies.

FEES AND PAYMENTS

Fees are standard and based on the complexity of your visit. Payment in full is required at the time of your visit and can be made with cash, personal check or credit card. Your copayments and coinsurance are due at the time of service. We will not bill your secondary insurance for copayments. If you are unable to pay your copayment at your visit, your appointment may need to be rescheduled. Also, any outstanding balance must be paid at the time of your visit.

While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Your insurance is a contract between you, your employer and the insurance company, we are not party to that contract. Before your visit, contact your insurance company to verify that we are participants in your plan, and that the services you intend to receive are covered. In order for us to file a claim, you must present a current copy of the insurance card at each visit and communicate any changes in your personal information. Not all services are a covered benefit in all policies. Reduction or rejection of your claim does not relieve you of your financial responsibility. Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by insurance companies.

All **MATERNITY** benefits will be verified after your first visit to our office. If your benefit has a deductible or coinsurance, this amount will be collected at the time of your second visit to our office.

All **SURGERY** benefits will be verified prior to scheduling your procedure. If your benefit has a deductible and coinsurance, this amount must be paid prior to your surgery.

Accounts that are not paid within 90 days from the date of service will be sent to an external collection agency and reported to the credit bureau. In addition to your outstanding balance, a 33% surcharge may be added to cover our costs. In addition, you may be removed from our practice.

MEDICAL RECORDS AND DISABILITY FORMS

In order to be in compliance with New Jersey state law and HIPAA regulations, we charge a dollar per page, payable in advance, if you would like a copy of your records sent to you or another physician. As always, if a collaborating physician (primary care or specialist) requests portions of your record to assist in your care, there is no charge.

We are happy to complete any disability forms for you, however there is a 5 to 7 business day turnaround. A charge of \$25 payable in advance, for any disability forms from your employer or FMLA forms will be collected as this takes considerable time for the staff to complete.

Please acknowledge that you have read this form by printing your name and signing below. A copy will be given to you.

Print Name

Signature

Date