



PREMIER FAMILY MEDICAL, PC

- WE SPECIALIZE IN YOU -

73 Bloomfield Avenue – Caldwell, NJ 07006 • Tel: 973-403-3200 • Fax: 973-403-3250
www.premierfamilymedical.com

FINANCIAL POLICIES

CANCELLATION POLICY:

Due to increasing numbers of cancellations, it has become necessary for our office to take a more active role in trying to control the problem. Scheduled appointments are a good faith agreement between a patient and this practice. Missed appointments are disruptive for our daily schedule and prevent patients who need to be seen from getting an appointment. In consideration of our other patient's needs and out of respect for the doctor's time, there is a charge for missed appointments. For a missed appointment a fee of \$50.00 will be applied. For a missed physical exam the fee is \$80.00. **There will be no exceptions! Cancellation of an appointment requires 24 hours notice.** If you leave a message for the office to cancel, please spell your name and leave your phone number, the date and time you called. Your signature below acknowledges that you have read and understood our policy regarding cancellations.

NEGLECTED COPAYMENT:

An administrative processing charge of \$10.00 will be applied if you neglect to pay your copayment at the time of service.

RETURNED CHECK FEE:

In addition to your bank fees, Premier Family Medical will impose a \$25.00 returned check fee.

BALANCE DUE:

If there is a balance due after your health insurance processes the claim submitted by Premier Family Medical, you must pay in full within 30 days of the monthly billing date. If the balance becomes overdue, a late charge of 1.5% will be assessed each month. If you receive any insurance benefit related to services provided by Premier Family Medical, you must promptly assign and forward them to Premier Family Medical.

COLLECTION AGENCY FEES:

Account balances over 90-days are subject to account activity. In the unlikely event that your account is turned over to our collection agency, you will be responsible for any collection cost, court cost, attorney fees not to exceed 50% and any fee or costs imposed upon us by the collection agency.

VACCINATIONS:

Participating insurance carriers reimburse us for vaccines at a scheduled amount. Some vaccines like Menactra cost us more to purchase than the carriers are willing to reimburse. Therefore, we do not routinely carry these vaccines in our office and they are not a part of our regular services. If you require one of those vaccines, we will special order it for you but you must pay in full for the vaccine PRIOR TO THE ORDER. This service is being performed outside of your insurance agreement with this office and we will not honor any fee schedules your carrier may impose. We will not supply an insurance receipt for this service.

BY SIGNING BELOW, I AGREE TO THE ABOVE FINANCIAL POLICIES. I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS REGARDING THESE POLICIES AND ACCEPT MY FINANCIAL LIABILITY.

PATIENT PRINTED NAME

DATE

SIGNATURE OF PATIENT OR GUARDIAN

RELATIONSHIP