Dr. Mayur V. Patel

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Telephone: 732.530.1058 ~ Fax: 732.530.1419

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INSURANCE AND BILLING POLICIES

INSURANCE: Our practice will gladly submit claims to participating insurance carriers. In order to do so, we need your cooperation. **Complete and current insurance information is required** in order for our office to submit a claim to your primary insurance plan. This information needs to be provided at EACH visit or you may be required to reschedule or make payment at the time of service. ***It is the patient's responsibility to notify our office of any changes in or termination of their insurance.*** If using a parent's insurance, the parent's must sign accepting financial responsibility if not covered.

★ ★ PLEASE NOTE WE DO NOT PARTICIPATE WITH ANY MEDICAID PLANS ★ ★

REFERRALS/AUTHORIZATIONS: It is the patient's responsibility to make sure that a referral has been obtained for their primary care physician and to bring a copy of that referral to our office. If you do not have a referral, you may be asked to reschedule your appointment or you may choose to pay in full for services that day.

CO-PAYS, CO-INSURANCES AND DEDUCTIBLES: *Co-pays are the fixed amount that your insurance plan has stated is your responsibility to pay at each office visit.* This amount will be collected prior to your office visit. If a co-insurance or deductible is applied to your responsibility instead, you will be billed for the additional amount once your insurance processes the claim.

MEDICARE: Our office does participate with Medicare Part B. ***You will be required to sign a Medicare ABN before your visit with the doctor.*** We will bill Medicare for services provided. You will be responsible for any deductibles or co-insurances. We will submit to a secondary major medical carrier. If payment is not received from your secondary insurance within 60 days, you will be billed for the Medicare co-insurance. Our billing company will gladly provide a receipt for you to submit a claim to your secondary carrier.

SELF-PAY: *If you do not have medical insurance coverage, payment is expected in full at the time services are rendered.*

AUTHORIZATIONS: Prior authorizations are required for some insurance plans for certain testing and radiology services whether provided in our office or at the hospital or radiology facility. ***Patients should know their insurance requirements and make sure any necessary prior authorizations are obtained prior to receiving these services.*** If an authorization has not been obtain, you may be asked to reschedule. If you present for testing at an outside hospital or facility without obtaining the necessary authorizations those facilities will bill you for their services.

*****You will be asked to call your insurance company to verify coverage for any in office ultrasounds ordered by the doctor prior to scheduling the appointment. We will provide you with a procedure code and diagnosis code to present to your insurance company.***

CANCELLATION POLICY: We know that schedules change and there may come a time that you need to cancel an appointment. We do **not** charge for cancelled appointments, but we do ask that you kindly give us at least 24 hours notice if you cannot make your original appointment time.

RETURNED CHECKS: If a check you issued as payment is return by your bank, (for any reason), you will be charged a fee of $25.00. Any future payments to our office must be made by cash, credit or debit card.

BILLING: We are committed to the services we provide. If you have any questions, please contact Debbie in our billing office at 732.481.8473.

I have read and understand the above policy regarding my financial responsibilities to the office of Dr. Mayur Patel
My failure to fulfill my financial obligations may cause interruptions or delays in my medical care.

Patient Signature:_____ Date:_____

Witness Signature: _____