

ADVANCED INTERNAL MEDICINE OF NORTH JERSEY LLC

FINANCIAL POLICY FOR ANNUAL WELL/PREVENTATIVE OFFICE VISIT

We appreciate the trust you put in us as we are striving to excel in providing optimum health care services to our patients. Medically necessary tests that we provide to ensure your health is monitored to the best of our capability during preventative WELL visit may not be fully covered by your insurance.

NON-COVERED SERVICES MAY INCLUDE SOME BUT NOT ALL SERVICES LISTED BELOW:

VISION SCREENING, HEARING SCREENING, EKG, BREAST EXAM, DIGITAL RECTAL EXAM AND SOME VACCINES. PLEASE MAKE SURE YOU ARE AWARE OF THE TYPE OF BENEFITS YOUR INSURANCE PROVIDES.

STATEMENTS WILL BE MAILED TO YOU FOR OUTSTANDING BALANCES OF NON-COVERED SERVICES ON YOUR ACCOUNT AND SHOULD COINCIDE WITH EXPLANATION OF BENEFITS FROM YOUR INSURANCE CARRIER. PLEASE REMIT PAYMENT UPON RECEIPT. FINANCIAL ARRANGEMENTS CAN BE MADE IF NEEDED. PLEASE CONTACT OUR BILLING DEPARTMENT.

I _____ HAVE READ AND ACCEPT FINANCIAL RESPONSIBILITY FOR SERVICES PROVIDED BY ADVANCED INTERNAL MEDICINE OF NORTH JERSEY. I UNDERSTAND FAILURE TO PROVIDE ACCURATE AND CURRENT INSURANCE/BILLING INFORMATION MAY RESULT IN MY ACCOUNT BEING PLACED WITH AN OUTSIDE COLLECTION AGENCY AND POSSIBLE TERMINATION FROM THE PRACTICE.

SIGNATURE _____ DATE _____