# Goldberg Podiatry Center, LLC

Livingston, New Jersey

## Financial Policy

1. All co-payments are due at the time of visit. This arrangement is part of your contract with your insurance co. Failure on our part to collect co-payments and deductibles from patients can be considered a violation of the contract you have with your insurance co. Our office accepts cash, checks, credit and debit cards.
2. You are ultimately responsible for payment of charges for services you receive from our office. Outstanding balances must be paid in full prior to any additional visit unless arrangements have been made before.
3. If my account becomes delinquent for more than 30 days, I agree to pay all reasonable collection costs not to exceed 50%, court costs, attorney fees and interest fees accrued with the collection of this account
4. It is your responsibility to ensure that Dr. Karyn Goldberg is in your insurance network.
5. If your plan requires a referral, it is the patient's responsibility to obtain this prior to being seen by the doctor.
6. In accordance with your insurance member handbook, it is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit. If you do not have insurance or do not present a valid insurance card, you will be responsible for payment at the time of service. We will provide you with a copy of our billing form so that you can obtain reimbursement from your insurance company.
7. There is a service fee of $35.00 for each time a check is returned. The bank may return your check up to three times before considering it nonnegotiable. Your insurance company does not cover this fee.
8. A scheduled appointment means that time has been reserved for **you**. Cancellations for appointments must be received at least **6 hours** prior to the scheduled appointment. Cancellations for scheduled surgery must be received at 5 days prior to the scheduled surgery date and time.
9. Patients who fail to keep or don't cancel a scheduled appointment within 24 hours may be charged a **$25.00** No Show Fee. After 3 missed appointments the patient may be discharged from the practice due to excessive missed appointments.
10. Medical record requests must be received in writing at least 72 hours prior to the date needed. Fees for medical records are set in accordance with allowable amounts as defined by the New Jersey Administrative Code. Fees must be received prior to record delivery or pick up.
11. Administrative Services: There is a $25.00 charge for each required administrative service, payable prior to service completion. This administrative service fee covers: form completions for family medical leave and disability, letters for employers, school, and health clubs.
12. In the event your insurance company should happen to send payment to you (the patient), you agree to forward the payment to our office to be applied to your account.
13. SELF-PAY: Payment in full is due at the time of service if you do not have health insurance coverage.

**Print patient's name**_____

**Signature**_____**Date**_____