

Princeton Ear Nose and Throat
INFORMATION CONCERNING FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE.

We are committed to providing you with the best possible care. If you have medical insurance, we would like to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services are due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, check, Visa and MasterCard.

Returned checks and balances older than 45 days are subject to an interest charge of 1% per month with a minimum charge of \$.50. Should Princeton Ear, Nose and Throat be forced to place your account with an attorney or a collection agency you will be responsible for all fees and costs incurred by Princeton ENT including all litigation and non-litigation costs. We will gladly discuss your proposed treatment, fees and answer any questions relating to your insurance. You must realize, however, that

1. Your insurance is a contract between you (or your employer) and the insurance company. We are not party to the contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies and therefore are covered up to the maximum allowance determined by each carrier. This does not apply to companies who reimburse based on an arbitrary (Schedule of fees) which bears no relationship to the current standard of cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. If you are not sure if a particular service is covered, you should verify this with you insurance company.

We must emphasize that as medical care providers, our relationship is with you and not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or an uncertainty regarding insurance coverage, Please do not hesitate to ask us. We are here to help you.

I UNDERSTAND THAT PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

I WILL BE PAYING BY: CASH _____ CHECK _____ CREDIT CARD _____

NO SHOW POLICY

Dr. Goldfarb allocates specific time for your appointment to meet your needs. We understand that there may be times when you must miss an appointment, but we require that you give us **24-HOUR NOTICE**. If you do not come for your scheduled appointment, without 24 hour notice, you will be charged a \$30.00 fee. Since insurance companies will not cover the fee, you will be responsible.

I understand and agree that (regardless of my insurance status) I am ultimately responsible for payment of any services rendered. I request the payment of authorized insurance benefits and or Medicare benefits be made to me or on my behalf to Princeton Ear, Nose, and Throat. I authorize any holder of medical information to be released to the appropriate agents any information needed to determine these benefits or benefits payable for related services.

SIGNATURE: _____ DATE _____