FINANCIAL POLICY

IT IS IMPORTANT THAT YOU TAKE THE TIME TO REVIEW THIS POLICY.

1. All new patients must complete our patient forms prior to being seen. Established patients must provide the office with any insurance changes prior to being seen.

2. Please be aware of your insurance benefits. Your insurance policy is a contract between you and your insurance carrier. It is your responsibility to be aware of your insurance company's provision for payment of office visits, well-child visits and immunizations, co-payments, deductibles, and co-insurance.

3. If your insurance company requires you to choose a PCP, it is your responsibility to call and change the PCP to one of our physicians prior to the visit.

4. Unless a Financial Agreement has been made, self-pay payments are due at time of service. You may call our Billing Department at 718-982-6800 to arrange financial agreements if you are unable to pay at time of visit.

5. For the convenience of our patients, we accept Cash, Checks, Money Orders, Visa, Mastercard, Discover, and American Express. Payments may also be made by credit card via the telephone.

6. All returned checks will be charged a $25 returned check fee. After two returned checks, we will no longer accept personal checks on your account.

7. Our No-Show policy is a $50.00 charge that you are responsible for if our office is not contacted within 48 hours of the scheduled appointment and cancelled.

8. If your account is forwarded to our Collection Agency -IC Systems, there will be a charge of **25%** of the balance added to your outstanding amount.

Our Billing Office is available during office hours to discuss our charges, insurance questions, the status of your account, and to help you with any billing or insurance questions.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO THE TERMS LISTED ABOVE.

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Parent/Legal Guardian Signature Relationship Date

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Patient Name Date of Birth