

Insurance And Billing Policies

Insurance: Ocean Heart Group will submit claims to participating insurance carriers.

In order to do so, 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 and/or updated 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 Ocean Heart Group of any changes in or termination of their insurance. If sufficient insurance

information is not provided, Ocean Heart Group reserves the right to request payment at time of service and/or reschedule your appointment. Parents may need to sign, accepting financial responsibility for minor children.

Referrals / Authorizations: It is the patient's responsibility to make sure that a referral has been obtained from their Primary Care Physician and to bring a copy of that referral to our office. If you do not have the referral you may be asked to reschedule your appointment or you may choose to pay in full for services that day.

Co-Pays, Co-Insurance and Deductible: Co-pays are the fixed amount that your insurance plan has designated as your responsibility for each office visit. This amount will be collected at the time of service / office visit. If a coinsurance or deductible is applied to your responsibility instead, you will be billed for the additional amount once your insurance processes the claim.

Medicare: Our doctors are participating with Medicare Part B and we will bill for services provided. You will be responsible for any deductible or co-insurances. We will submit to a secondary insurance as a courtesy. If payment is not received, you will be billed for the amount owed as per Medicare.

Worker's Comp & Motor Vehicle Accident: You are responsible for providing the complete claim information, claim address, adjuster's contact information. If your worker's comp or PIP insurance denies your claim, we will then bill your medical insurance if the appropriate information and referrals needed were provided in a timely manner. We will NOT await the results of any litigation to receive payment. You will be billed for any patient co-insurance and deductible or if the claims are denied. You will be responsible for payment in FULL.

Self-Pay: Please contact our main office for information regarding self-pay at (732) 840-0600.

Authorizations: Prior authorizations are required by some insurance plans for certain testing and radiology services, whether provided in our office, hospital, or at a radiology facility.

Patients should know their insurance and make sure all necessary requirements are obtained prior to receiving these services. If an authorization / referral is not obtained, you may have to reschedule. If you present for testing at an outside hospital or facility without obtaining the correct authorizations or referrals, they may bill you directly for the services rendered at their site.

Cancellation Policy: If you fail to call and cancel your appointment within 24 hours prior, we reserve the right to bill you a "reasonable cancellation fee". These charges are not billed to insurance and will be your responsibility.

Returned Checks: If a check you issued as payment is returned by your

bank (for any reason), you will be charged a fee of \$20.00. Any future payments to our office must be made by cash or credit card/debit card ONLY.

Bankruptcy: If an account is uncollectable due to Bankruptcy, I understand that future services must be paid in full at time of service.

I have read and understand the above policy regarding my financial responsibility to Ocean Heart Group and understand that my failure to fulfill my financial obligations may cause interruptions or delays in my care.

Patient's signature

Date

Witness Signature

Date

Witness, please print First and Last Name: