



Financial Policy

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our office administrator.

Insurance Benefits

Vein Institute of New Jersey is contracted with Medicare and Coresource PPO through Atlantic Health Systems. We are **NOT** contracted with other insurance carriers and are considered to be an Out-Of-Network provider. However, most of our patients choose to use their Out-of-Network benefits available with their medical plans. It is our policy that payment be made in full at the time of service, (if we are not contracted with your insurance carrier). We will electronically submit your claims to your insurance carrier for your reimbursement. The payment generated by your insurance company may be based on your Out-of-Network benefits and the status of your deductible/co-insurance.

All services, deductibles and authorized co-payments that are not pre-collected/collected at the time of service will be balance billed to you directly. In these same instances, your insurance carrier(s) will be electronically billed and may remit payment directly to you instead of our office. Please be advised that if your insurance carrier elects to remit payment directly to you, you are responsible for immediately forwarding all payment(s) in full to our office (including the “explanations of benefits” so we can properly credit your account).

I understand that I am financially responsible for the charges for the services rendered to the extent allowed by law, and hereby agree to pay any and all charges that exceed or are not covered by my insurance carrier or any other third party payer. **We reserve the right to charge interest on overdue balances and to charge for collection and/or legal fees.**

Compression Stockings

All compression stockings that you receive from our office are to be paid for in full upon receipt. We will submit a claim on your behalf to your insurance carrier for your reimbursement.

Returned Checks

A fee of \$35.00 will be charged on any checks returned by the bank for insufficient funds.

Missed Appointments

In order to provide the best possible service and availability to all of our patients, it is our policy to charge a fee of \$50.00 for any appointment not cancelled at least 24 hours prior to the scheduled visit.

I have read and understand the financial policy of the practice and I agree to be bound by it’s terms.

Print Name of Patient _____ **Date of Birth** _____ / _____ / _____

Signature of Patient/Guardian _____ **Date** _____