

SeřetisCarę Family Practice

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FINANCIAL POLICY

Thank you for choosing our office for your health care needs. We are committed to providing you and your family with the highest quality care. The following is a statement of our financial policies for the office. We ask that you please review and sign this document acknowledging your understanding of our financial policies. Your signature at the end of this document indicates that you agree with our financial policies and will be responsible for its terms.

Insurance Coverage

Your health care insurance is a contract between you and your insurance carrier. It is your responsibility to know the terms contained in your policy regarding coverage, co-pays, co-insurance, deductibles and non-covered services. Unfortunately, health care policies are often complicated and confusing, filled with jargon that can confuse anyone without a law degree.

If you have any questions about your insurance, we ask that you contact your carrier directly. Please make sure you give us a copy of your current insurance card and alert us of any and all changes to your insurance at each visit. This will help keep mistakes to a minimum and make things run smoothly in our office during your visit.

If a referral is required by your plan, your insurance carrier will most likely require office notes, so you will need an office visit or you will need to have been seen for that condition or conditions before such referral(s) can be generated. This is a requirement by most insurance carriers and is not a requirement by our office, but will help expedite your needs. Most referrals can be done electronically, but be sure to obtain the referral before such services are scheduled or rendered. Our friendly administrative medical assistants are here to help you with this.

Co-payment, or co-pay, is the amount you pay at the time of your visit as designated by your insurance carrier. It is NOT a fee that we charge, it is required by your insurance company, per your plan. Contrary to popular myth, each health insurance plan establishes these fees up front and it's not the doctor's office that requires this -- they are often printed on your health insurance card. Insurance companies use these co-pays in part to share cost or expenses with you. In addition to cutting a small portion of the costs, the co-pay is also used to prevent people from seeking care for every trivial medical condition they might encounter according to the insurance companies.

All co-pays are to be paid at the time of service upon checking in with our receptionists. If you do not have your copay, your appointment may be rescheduled. We accept cash, all major credit cards, and personal checks. Personal checks are accepted as long as your account is in good standings. We *do not prefer* personal checks, due to the amount of "bounced checks" we receive -- (see below for details on "Returned or Bounced Checks"). *All personal checks MUST have your PHONE NUMBER and DRIVER'S LICENSE listed on the check at the time of payment.*

*** Outstanding Balance ***

If your account has an "outstanding balance", you will be expected to pay and bring your account current *before* your visit. We know time and money are short for many. Still, we want to communicate as clearly as possible. Please keep in mind that all invoices on your account carry 30-day terms unless otherwise specified. If your account is greater than 90 days overdue, we will send your account to our collection agency. You will receive a final notice first, giving you 15 days to bring your account current, before sending to collections.

Again, we accept cash, credit cards and personal checks. In some instances, we will work out a written payment plan for our patients that are in financial need. We appreciate your efforts in keeping your account current. Your business is very important to us!

Our practice is committed to providing the best, up-to-date treatment for our patients and we charge what is usual and customary for our geographical area according to the fees set forth by the “Customized Fee Analyzer – Fee information for your area and specialty”. We follow the rules set forth by the insurance companies regarding payments and charges. We participate with most insurance carriers and plans and will accept what they allow, but understand that most of what we charge is not what they pay or what they allow, which may not be the same. You are responsible for payment of any balance not paid by your insurance plan as designated by your insurance carrier.

***** Missed Appointments *****

If you need to cancel your appointment, at least 24-hours notice or 1st thing the morning of your appointment prior to 8:30am is **required**. A **\$25.00 “no-show” missed appointment fee** will be applied to your account if you fail to keep your appointment without “proper” notice. A **\$75.00 fee** will be applied if you fail to keep your appointment for an office procedure. We slot extra time for procedure appointments, allowing the doctor more time with you. We are a very busy practice and we want to be able to get patients in as soon as possible & serve our patients as convenient as possible. It is unfair to have to push off a patient that may need our services because of a lack of availability then come to find out that we had an opening because of a “no-show”. Let’s be mindful and thoughtful for our fellow friends and the people in our communities.

Exceptions to this cancellation charge are to be determined by Dr. Seretis & the billing managers based on the patient’s significance of urgency and “proper” notification. Blatant “no-shows” or recurrent offenders will **NOT** be tolerated in our office – which will be much appreciated by our patients and staff.

Form Fees & Miscellaneous Fees

The charge for completing any form or letter: (disability, leave of absence, FMLA, work or school physicals, Jury duty excuse, DMV, etc.) is: \$20 for up to 4 pages, and \$10.00 for single page forms. All letters generated for the patient’s behalf will be charged \$25 for a one page letter and \$35 for up to 2 pages. This includes any and all letters that we must dictate and type up that you may request (Jury duty excuse, 504-requests, etc.). Any letters that require additional time or review will be determined and confirmed with the patient prior to completion. Please ask our staff exactly how much the form will cost prior to us filling it out.

We require up to 5 business days to complete depending on the service(s) requested and the amount of forms we have to fill out at the time of your request. You will be called to pick-up your form once it is completed and payment will be required prior to the form(s) being released back to you. A copy of the form(s) will be scanned into your chart for future reference. Some letters may be charged more depending on the request and type of letter.

***** Returned NSF Checks *****

All returned, Non Sufficient Funds, checks will be assessed a **\$35.00 charge** applied to your account per returned check to cover our office staffs’ time and the expense that the bank charges for these transactions. Once a check has been returned NSF, we **will NO longer** accept personal checks from you. We will accept cash or credit card only from that point on. We apologize for any inconvenience this may cause you, but at the same time, we sincerely hope that you understand and are sympathetic to our cause as well.

Medical Records Request

We hold the right to charge up to \$1.00 per page for copying records and preparing them for transfer. Any patient requesting to pick-up their records will be charged this fee and will be expected to pay at the time of pick-up prior to the records being released. These charges will also apply for records requested by other non-medical facilities. **No charges** will apply if records are requested by another physician’s office and SeretisCare agrees to pay for all shipping or fax costs for records sent directly to a physician’s practice.

***** Collections *****

If your account is past due **by greater than 90 days** you may be forwarded to a collection agency. We urge you to be responsible in keeping your account current. It is **NOT** our responsibility to pay your bills. You will also be responsible for the collection agency fee which equates to 33.33% above what is past due to our office and you will be responsible for any and all attorney’s fees for placing this on your credit report.