



Financial Policy

Thank you for choosing Care Station Medical Group for your medical care! We appreciate that you have entrusted us with your health care and our mission is to provide the highest level of care possible while maintaining a good physician-patient relationship.

Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your responsibilities as a patient.

Your health insurance policy is a contract between you and your health insurance company or your employer. Please note: it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations, limits on outpatient charges, and any other requirements. You should be knowledgeable of any deductibles, copayments, and/or coinsurance that may be applied as per your plan. This applies to all payers regardless of whether or not our physicians participate.

If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of-pocket fees, and coverage limits.

Appointments:

If you are not able to keep an appointment, Care Station requires 48-hour notice. If you miss your appointment or do not cancel with the required notice the following fees may apply:

- **Specialty Appointments:** \$50
- **All Other Appointments:** \$25

If you are late for your appointment we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment. Although we strive to minimize any wait time, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

Address Change:

It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, apartment number, telephone or other contact information. This information can be updated in person or on our patient portal at www.carestationmedical.com.

Insurance Coverage:

Please provide us with your current insurance plan information at the time of each visit and notify us of any changes. We will request a copy of your insurance card to copy or scan and keep on file for our records. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit.** If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit. It is your responsibility to understand your benefit plan with regard to covered services and participating laboratories. If these are not covered, you will be responsible for payment.

Please be aware of and provide any required referrals or authorizations in advance of the appointment or service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification.



Financial Responsibility:

You are expected to **pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service. Please note that for all diagnostic testing (such as labs, x-rays, stress tests, ultrasounds, etc.) a deductible or coinsurance may apply in accordance with your benefit plan.** We accept cash, checks, Visa, MasterCard, and Discover. A \$25 fee will be charged for any checks returned for insufficient funds.

Self-pay patients are expected to pay for services in FULL at the time of the visit. If FULL payment is not received, you will be billed for the difference. If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.

Medicaid Patients - We do not participate with any Medicaid plan. As such we cannot bill your Medicaid carrier. In addition, if you have Medicare or other Commercial insurance as primary, the balance not covered by your primary carrier is your responsibility.

Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **10** business days of your receipt of your bill. Prior balances must be paid prior to the visit. If a balance is outstanding for more than 60 days, the account may be placed with a collection agency and you may incur a 6% interest charge. We also reserve the right to dismiss you from the practice for non-payment of your account balance(s). If special circumstances make immediate payment impossible, payment arrangements are available by contacting our Billing Department's Customer Service Team at (908)925-7519, Option 2.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY. I UNDERSTAND AND VOLUNTARILY AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE GUARANTOR.