PRINCETON PRIMARY & URGENT CARE CENTER

707 Alexander Rd, Ste 201, Princeton, NJ 08540
Tel (609) 919-0009 Fax (609) 919-0008

OUR FINANCIAL POLICY

This financial policy explains your financial responsibility for services being rendered to you.

Insurance Cards and Proof of Coverage: We require that you present your insurance cards at each visit. You are responsible for the balance due if we do not have your updated information or your policy has lapsed. Also, insurance coverage does not guarantee payment, final determination is made once a claim is processed.

Copays, Co-Insurances, Deductibles and Billing:

- Copays/Co-insurances/Deductibles are part of your insurance policy and it is your responsibility to understand your insurance policy guidelines. We will bill your insurance company and if you do not agree with how a claim is processed, please contact them. We are legally bound to collect your financial responsibility based on our contract with your insurance company.

- While we strive to provide the best medical care possible, **COLLECTING PAYMENT AT THE TIME OF SERVICE** will keep our practice running efficiently. As you know, most merchants like hotels, car-rentals etc, asks for a **CREDIT CARD** which is imprinted and later used to pay your balances and bills. This system offers convenience, makes bill payment/settlement easier, faster and more efficient. Our office implements a similar policy. You will be asked for a Credit Card (*Visa, Mastercard* or *Discover*) upon check in. We will take an imprint of your credit card and the information will be held securely until your insurances have paid their portion. We will notify you by phone or in writing for any balances that will be charged to your credit card. This will be convenient for you since you will no longer have to write out and mail us checks; and an advantage to us since it will greatly reduce back office expense of generating and mailing statements. Ultimately, these will help in keeping the cost of health care down.

  While we strive to be precise in collecting these deductible amounts upfront, there may be discrepancies once the claims are actually processed. You may pay more or less than the negotiated amount. If you have paid more, you have the option to have a credit from us or request a refund. If your responsibility is more than what we collected, you will be billed. This policy will not, in any way, compromise your right to dispute a charge or question your insurance company's determination of payment.

I have read, understood and agree to this Financial Policy. I further confirm that I am ultimately financially responsible for all charges for services rendered to me. All balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency.

Patient/Responsible Party Signature:_____ Date: _____