

BREAST CARE & TREATMENT CENTER

Our practice's mission is to provide you with the best possible quality health care. This is a group practice and you may be seen by any of our specialist physicians during your follow up visit.

To help you understand our billing process, we ask that you read and sign our financial policy statement.

FINANCIAL POLICY STATEMENT

Dr. Santoro does not participate with any insurance plans. However, Dr. Schaefer does accept Medicare assignment, and the Saint Barnabas Health Plan. Payments for office visits are expected at the time services are rendered. Payments for surgical procedures are to be made **in full two (2) weeks prior to the date of surgery**. If time constraints do not allow this, payment is expected upon fee notification from our billing office. Our office accepts cash, check, Visa, or MasterCard for payment. There is a **\$20.00** charge for returned checks.

Responsible Party's Initials _____

If you have medical insurance, we are here to help you receive the maximum allowable benefits. In order to achieve this goal, you must understand the type of policy that you own. Therefore, you need to contact your insurance company in the event you need any services to make sure that you are covered for the services and the steps that our office needs to do to help you receive coverage.

Please be advised that we will file all claims for your surgical fees; however, for office visits, we will provide you with a detailed super bill that you are to attach to your insurance company's claim form and personally mail it. We will help you in every possible way available to us to collect from your insurance company; however, we will not become involved in disputes between you and your insurance carrier regarding covered charges, secondary insurance issues, and "unusual, customary, and reasonable" charges other than supply factual information as requested by the insurance company.

If you have any questions about the financial aspect of your services, please call the office and ask for our billing department. We are here to assist you to collect the maximum benefits that your insurance policy has to offer you.

I, the undersigned, have read the aforementioned information and fully understand this policy.

Responsible Party's Signature: _____

Today's Date: _____