



## **PATIENT FINANCIAL POLICY**

RWJBH Physicians Services (includes both legacy BHMG and legacy RWJPE) is dedicated to providing our patients with the best possible care and service.

We ask for your support by understanding and cooperating with our **FINANCIAL POLICY**.

*It is important for you to understand that health insurance coverage is an agreement between you and your insurance company. Benefits are set by them as it relates to seeking care, notification to your plan and following your plans proscribed requirements.*

**AND**

*Your doctor's bill for services provided is an agreement between you and your doctor.*

**YOUR RESPONSIBILITY:** Our Physicians participate with many insurance companies. It is **your** responsibility to call your insurance company to verify that the doctor you are seeing is participating. We also provide a listing of insurances that our physicians are participating with on our website.

If we do not participate with your insurance company and decide to move forward with seeking care in our practice, we will bill your insurance carrier as a courtesy to you; however, we will expect payment from you. If you do not have valid insurance information, or we cannot confirm coverage, we will consider you "self-pay" and ask for full payment at the time of service or for a deposit for scheduled procedures. This will be set at 115% of the Medicare fee as defined in New Jersey state law.

All co-payments or payments for non-covered services are the patient's responsibility and will be collected by our staff at time of service.

In the event that your insurance carrier denies payment for authorized services, you may be asked to help resolve these issues with your carrier.

**PRIMARY CARE OFFICES:** If you are required to choose a Primary Care Physician ("PCP"), be sure that you have chosen one of the Physicians in the office where you have an appointment. You must contact your insurance company prior to scheduling an appointment to make this PCP selection. If your insurance company requires referrals for services at a Specialist's office, please allow five (5) business days for non-emergency services prior to seeing that specialist or facility. If you go to the Specialist's office without a referral, you may be responsible for the entire bill.

**SPECIALIST OFFICES & REFERRALS:** If your insurance company requires a referral/authorization from the Primary Care Physician, be sure that you have obtained a valid referral/authorization prior to your appointment. If you do not have a valid referral/authorization, you may be asked to reschedule your service to a future date. You agree to be responsible for payment of your account regardless of referral status.

You understand that it is your responsibility to know and abide by the terms of your benefit coverage including but not limited to properly securing referrals for specialized care before making appointments. You also understand that you are responsible for full payment for services provided if you fail to supply all required referral forms.

## RWJBarnabas Physician Services Patient Financial Policy

### **PAYMENT FOR SERVICES PERFORMED:**

1. Our offices accept Visa, MasterCard, Discover and American Express, as well as Cash, Debit Cards and Personal Checks for payment of services.
2. Any co-payments, deductibles or co-insurance as required by an insurance company must be paid at the time of service.
3. All payments are expected at the time of service, inclusive of current copays and incurred open balances for prior dates of service. Should your account require the action of a collection agency, you would be financially responsible for all collection and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

### **RETURNED CHECK FEE IS \$30**

**CHARGES TO ACCOUNT:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

**MISSED APPOINTMENT FEE:** Patients who do not show up on time for an appointment, or fail to reschedule or cancel with less than 24 hours' notice will be charged a \$25.00 fee. This charge will not be reimbursed by your insurance. Patients with three missed appointments may be asked to transfer their records to another doctor.

**MISSED TEST FEE:** Patients who do not show up on time for a scheduled office based test, or fail to reschedule or cancel with less than 24 hours' notice will be charged a \$150.00 fee. This charge will not be reimbursed by your insurance.

**MISSED PROCEDURE FEE:** Patients who do not show up on time for a scheduled procedure, or fail to reschedule or cancel with less than 48 hours' notice will be charged a \$250.00 fee. This charge will not be reimbursed by your insurance.

**RELEASE OF RECORDS:** If you require a copy of your records for personal use, you must submit a request and pay a copying fee of \$1.00 per page up to a maximum of \$100.00.

Copies of records, including payment history, will be provided at no charge to other healthcare providers pursuant to a valid HIPAA authorization\*.

**RIGHT TO AMEND:** You understand and agree that RWJBH Physician Services may amend the terms of this Financial Policy at any time without prior notification to the patient.

\*Valid HIPAA Authorization: Please note that certain information (e.g., HIV, alcohol and/or substance abuse, mental health treatment records, genetic information, family planning) require confidentiality protections. Questions concerning the disclosure of this information should be brought to the attention of the Privacy Officer.

RWJBarnabas Physician Services Patient Financial Policy

**UNINSURED PATIENTS:** Patients who are uninsured at the time of service will be afforded a discount from posted charge if payment is made at the point of service. This discount will reflect 115% of the current stated Medicare fee. This discount will be extended for a period of up to 30 days after a scheduled procedure or discharge from a facility. Payment in full or a deposit equal to 75% of the expected outstanding balance is required prior to service.

Uninsured patients will be required to provide a 75% deposit of the estimated patient fee at the time of scheduling elective procedures. Actual fees may vary based on the actual clinical circumstances at the time the procedure.

**PATIENTS WHO QUALIFY FOR HOSPITAL BASED CHARITY CARE:** The New Jersey Hospital Care Payment Assistance Program (Charity Care Assistance) is free or reduced charge care which is provided to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care are available only for necessary hospital care. *Some services such as physician fees, anesthesiology fees, radiology interpretation, and outpatient prescriptions are separate from hospital charges and may not be eligible for reduction.*

RWJBH Physician Services, however, effective 1/1/2019 does accept Charity Care both for employed hospital physicians and in our community based physician offices. RWJBH is a leader in NJ healthcare and believes that access to our physician community along with our Hospital services is one component of insuring the health of our communities for all who require preventive, sick or emergent care. Our providers will honor hospital charity care determinations when providing services in hospital based clinics, in an emergency, on-call situation or in their established practice. Charity Care determinations along with required documents must be completely submitted and will be honored for the duration of Charity Care provision.

**FINANCIAL RESPONSIBILITY:** I grant permission and consent to RWJBH Physician Services, the Hospital, its assignees, all clinical providers who have provided care or interpreted my tests, along with any billing service and their collection agency or attorney who may work on their behalf, and third party collection agents (1) to contact me by phone at any number associated with me including wireless cell numbers, (2) to leave answering machine and voicemail messages for me and include in any such messages, information required by law (including debt collection laws) and/ or regarding amounts owed by me (3) to send me text messages or emails using any email addresses I provide and; (4) to use pre-recorded/ artificial voice messages and/or an automatic dialing device (an auto-dialer) in connection with any communications made to me or any related scheduled services and my account.

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Patient/Representative's Signature

\_\_\_\_\_  
Date

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If signed by Authorized Representative,  
print name of Signatory

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Relationship to Patient/Authority to Sign for Patient