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www.shorecardiology.com

INSURANCE AND BILLING POLICIES

INSURANCE: Shore Cardiology Consultants will gladly submit claims to participating insurance carriers. To do so, we need your cooperation. Complete and current insurance information is required for our office to submit a claim to your primary insurance plan. This information needs to be provided at EACH visit or you may be required to reschedule or make payment at the time of service. It is the patient's responsibility to notify Shore Cardiology Consultants of any change in or termination of their insurance.

REFERRALS/AUTHORIZATIONS: It is the patient's responsibility to make sure that a referral has been obtained from their Primary Care Physician and to bring a copy of that referral to our office. If you do not have the referral you may be asked to reschedule your appointment, or you may choose to pay in full for services that day.

CO-PAYS, CO-INSURANCE AND DEDUCTIBLES; Co-pays are the fixed amount that your insurance plan has designated as your responsibility for each office visit. This amount will be collected prior to your office visit. If a coinsurance or deductible is applied to your responsibility instead, you will be billed for the additional amount once your insurance processes the claim.

MEDICARE: Our doctors are participating with Medicare Part B and we will bill for services provided. You will be responsible for any deductible or co-insurances. We will submit to a secondary insurance as a courtesy. If you would like to submit to your secondary insurance, we will gladly issue you a receipt for services rendered.

WORKER'S COMP & MOTOR VEHICLE ACCIDENTS: We will bill the insurance carrier directly. You are responsible for providing the complete claim information, claim address, adjuster's contact information. If your worker's comp or PIP insurance denies your claim, we will then bill your medical insurance if the appropriate information and referrals needed were provided in a timely manner. We will NOT await the results of any litigation to receive payment. We do NOT accept "Letters of Protection". You will be billed for any patient co-insurance and deductible or if the claims are denied. You will be responsible for payment in FULL.

SELF PAY: If you do not have medical insurance coverage, payment in full is required at the time of service.

AUTHORIZATIONS: Prior authorizations are required by some insurance plans for certain testing and radiology services, whether provided in our office, hospital, or at a radiology facility. Patients should know their insurance and make sure all necessary requirements are obtained prior to receiving these services. If an authorization/referral is not obtained, you may have to reschedule. If you present for testing at an outside hospital or facility without obtaining the correct authorizations or referrals, they may bill you for the services rendered.

RETURNED CHECKS: If a check you issued as payment is returned by your bank (for any reason), you will be charged a fee of \$30.00. Any future payments to our office must be made by cash or credit/debit card ONLY.

I have read and understand the above policy regarding my financial responsibility to Shore Cardiology Consultants, LLC. My failure to fulfill my financial obligations may cause interruptions or delays in my care.

PRINT NAME: _____

DOB: _____

PATIENT SIGNATURE: _____

DATE: _____

BRICK

1640 HIGHWAY 88, SUITE 201
BRICK, NJ 08724

JACKSON

27 S. COOKS BRIDGE RD., SUITE 210
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METUCHEN

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OCEAN

3200 SUNSET AVE., SUITE 100
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