

## Shore Orthopaedic University Associates – Payment Policy

We appreciate the opportunity to provide your medical care and ask your cooperation with our payment policies. We participate in most major health insurance plans, however, should you have any questions regarding specific participation, please call the member services number on your insurance card.

**Payment is required at the time of your office visit for Co-Pays, Non-Covered or Self-Pay Services.** Any outstanding balances are due and payable at the time of your visit unless you have made previous arrangements with the billing department for payment.

Payment may be made by cash, check, debit card, Visa, MasterCard, Discover and American Express. A paid receipt will be provided to you for submission to your insurance carrier for reimbursement. If you are covered by any of the insurance carriers with which we participate, we will bill directly to your carrier provided:

1. It is a covered service
2. Co-Payment (if any) is met
3. Deductible (if any) is met
4. **If required by your insurance carrier, an authorization (referral) form is presented to the office at the time of your visit.**

**NOTE:** As our physicians are specialists, all HMO patients must have a referral from a (PCP), primary care physician. It is the patient's responsibility to ensure that the referral has not expired and has additional visits remaining. In all cases, with or without insurance coverage, the patient or the patient's guardian, is ultimately financially responsible for the fees incurred in their medical care with Shore Orthopaedic University Associates. After payment is received from your insurance carrier, any remaining balance is your responsibility. The balance is due within thirty (30) days from receipt of your billing statement.

**Surgery Patients:** Upon scheduling surgery, our staff will contact your insurance carrier for pre-certification and authorization. **We recommend that you contact your insurance company as well so that you know what your benefits include and what, if any, out-of-pocket expenses you may incur.**

“Public law of the State of New Jersey mandates that a physician, chiropractor or podiatrist inform his patients of any significant financial interest he may have in a health care service. Accordingly, I wish to inform you that I do have a financial interest in the following health care service(s) to which I refer my patients:

*Shore Ambulatory Surgical Center, LLC d/b/a Jersey Shore Ambulatory Surgery Center*

You may, of course, seek treatment at a health care service provider of your own choice.

A listing of alternative health care service providers can be found in the classified section of your telephone directory under the appropriate heading. NJSA 45:9-22.6”

**Billing questions: T: 609-927-1991 extensions 110, 117, 119**