



Phone 732.702.1039

Fax 732.548.7408

187 NJ-36, Suite 230

West Long Branch, NJ 07764

Office Policies

Patient Name: _____

Cancellation Policy

As all our patients are valuable to us, so is our time with them. We ask that appointments for office visits and procedures be cancelled at least 72 hours prior to the appointment unless for medical reasons in order to allow other patients to utilize this time. If this policy is not honored, a \$50 cancellation fee for office visits and a \$100 cancellation fee for procedures may be added to your account (your insurance will not cover this fee). After 3 missed appointments, you may no longer be treated in our office.

Referrals

It is your responsibility to obtain a referral if required by your insurance AND it is due at the time of service. If you do not have your referral, we will reschedule your appointment. This is a requirement of YOUR insurance company.

Co-pay

If a co-pay is required by your insurance, it is due at the time of service. Please note, we accept cash, credit cards, or checks. There is a \$20.00 charge for returned checks.

Statements

It is your responsibility to verify your insurance rules and regulations regarding procedures. The practice has no control over what your insurance will or will not allow. The practice is not responsible for any charges for doctors, facilities, anesthesia, lab or pathology not covered by your insurance. We recommend contacting your insurance for clarification on your insurance coverage.

Signature of Patient or Guardian

Today's Date

Printed name of Patient or Guardian

Relationship