



DOUGLAS N. DeLORENZO, D.P.M.

BOARD CERTIFIED FOOT SPECIALIST

Diplomate, American Board of Podiatric Surgery

Fellow, American College of Foot and Ankle Surgeons

Office Policy Regarding "Payment of Services"

In order to maintain optimal relationships between staff and patients and to avoid misunderstandings regarding our payment policies, we ask that you read and sign the following:

- It is your responsibility to provide updated and accurate demographic and insurance information at each visit. Failure to do so may result in the bill becoming your responsibility regardless of insurance coverage.
- There is a \$30.00 charge for all returned checks.
- There is a \$50.00 charge for missed or cancelled appointments with less than 24 hours notice. (This is not reimbursable by your insurance company.)
- Our office will try to confirm appointments as a courtesy service. It is not an obligation. If you fail to keep your appointment and we are unable to confirm, you are still responsible for the \$50.00 charge.
- Payment is due in full at the time of appointment if you do not have insurance coverage or if we do not participate with your plan.
- Please understand that your insurance card is not a guarantee of payment, you are ultimately responsible to the practice for payment on all services regardless of insurance coverage.
- It is the patient's responsibility to know the provisions of your insurance plan.
- If you have more than one insurance policy, you must provide us with information for BOTH insurances at the time of check in. Your primary insurance usually covers a portion of basic and major procedures. Your secondary may pick up some or all of the balance. If you have a secondary and do not provide us with the proper information, YOU will be liable for the remaining balance.
- All Co-Pays are due at the time of service. If we participate with your insurance plan, we will submit your claim provided that you will be responsible for any amount that becomes patient liability. (Included, but not limited to all co-pays, deductibles, co-insurance, and non-covered services under your plan.)
- If you need a referral, it is your responsibility to obtain the referral before your visit. (Check with your insurance company to be sure if one is needed.) We try our best to remind you if you need a new referral or how many visits are left; however, it is ultimately your responsibility.

We thank you for your cooperation in this matter.

Your signature below indicates that you have read, understood and agree to abide by the above policy.

Patient Signature

Date

3228 Route 27, Suite 1B • Kendall Park, NJ 08824

TEL: (732) 297-3002 • FAX: (732) 297-3004