

GASTROENTEROLOGY CONSULTANTS OF SOUTH JERSEY

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Cancellation/Missed Appointment Agreement

Patient : _____

Responsible Party : _____

Address: _____

Missed Appointments : This includes any location our physician provides service. No charge will be made for rescheduling an appointment provided forty-eight (48) hour notice given. Otherwise there will be a charge of FIFTY (\$50.00) dollars. Rescheduling a procedure appointment less than seventy-two (72) hours before the procedure date will cause a charge of SEVENTY-FIVE (\$75.00) dollars to be incurred. Rescheduling a hospital procedure less than seventy-two (72) hours' notice will cause a ONE HUNDRED (\$100) dollars to be charged. Once an appointment is made, please remember this time has been reserved specifically for you.

Insurance Assignments: If this office is able to accept your insurance company's assignment, it does not absolve you, the patient, of responsibility for the full charges of any treatment rendered. The estimate provided by the office is considered as a guideline until the final insurance payment has been received. The agreed upon payment plan must be kept current, or the full amount will become immediately due and payable. Claims are submitted, promptly after treatment is rendered, and if not paid by the patient's insurance company by the sixty-first (61st) day after treatment the patient will be billed in full. Our administrative staff prides itself on helping our patients maximize his or her benefits. We are readily available to answer any questions.

Collection Fees: If you are delinquent with payments you will receive collection letters.

Financial Consent: The patient and or guardian agrees to be fully responsible for payment for the office visits, consults and by the physicians of the office regardless insurance coverage.

I certify that I have read, understood and agreed to the terms outlined above. I have received a copy of this financial policy and agreement.

X _____

Patient Signature

_____/_____/_____

Date

X _____

Witness

_____/_____/_____

Date