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INSURANCE AND BILLING POLICIES

INSURANCE: Shore Heart Group will gladly submit claims to participating insurance carriers. In order to do so, we need your cooperation. Complete and current insurance information is required in order 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 Heart Group of any change in or termination of their insurance. If using a parent's insurance, the parent must sign accepting financial responsibility if not covered.

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 payment is not received within 60 days, you will be billed for the amount owed as per Medicare. 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.

CANCELLATION POLICY: If you fail to call and cancel your appointment 24 hours prior, we reserve the right to bill you a cancellation fee of \$20.00 and the cost of radiopharmaceuticals for nuclear imaging studies (approx \$120.00). These charges are not billable to insurance and will be your responsibility.

RETURNED CHECKS: If a check you issued as payment is returned by your bank (for any reason), you will be charged a fee of \$20.00. 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 Heart Group, PA. My failure to fulfill my financial obligations may cause interruptions or delays in my care.

PATIENT SIGNATURE _____

DATE _____

WITNESS SIGNATURE _____

1820 State Route 33, Suite 4B, Neptune, NJ 07753, (732) 776-8500, Fax (732) 776-8946
35 Beaverson Boulevard, Unit 9B, Brick, NJ 08723, (732) 262-4262, Fax (732) 262-4317
9 Mule Road, Unit E 1, Toms River, NJ 08755, (732) 281-1101, Fax (732) 281-1105
115 East Bay Avenue, Manahawkin, NJ 08050, (609) 971-3300 · Fax (609) 597-4656
901 West Main Street, Suite 102, Freehold, NJ 07728, (732) 308-0774, Fax (732) 308-0355