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Diplomate, American Board  
of Podiatric Surgery  
Fellow, American College  
of Foot and Ankle Surgeons

# Rahway Podiatry Group & Westfield Podiatry Group

Dennis L. Turner, D.P.M.  
Diplomate, American Board  
of Podiatric Surgery  
Fellow, American College  
of Foot and Ankle Surgeons



## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are ready to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance, and your understanding of our financial policy.

If you do not have insurance, payment for services are due at the time the services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa, American Express, debit cards, and payments with MAC cards.

If you have medical insurance, we will process your claim electronically as a courtesy.

Copayments on insurances are due at the time of service. We are participating providers with Medicare, Blue Cross Blue Shield of NJ, Aetna, United Health, Qualcare, Oxford, Healthnet, Cigna, Magnacare and PHS, amongst others. We also belong to the NEIC network and can electronically submit claims to most major insurance companies as a courtesy to our patients. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company.
2. Not **all** services are a covered benefit in **all** contracts. Some insurance companies arbitrarily select certain services that they will not cover. The **patient is responsible for all non-covered services** as well as anything deemed over the "usual, customary and reasonable" fees.
3. If an insurance claim remains unpaid after 90 days, the responsibility will be turned over to the patient.

Returned checks are subject to a \$15.00 service fee. Balances older than 90 days, may be subject to the maximum finance charge allowed by law.

In special instances, we may accept assignment of insurance benefits. Your signature on this agreement will be kept on file and may be used as a direct assignment for all insurance benefits to be paid to the provider of service. In cases where an assigned insurance claim remains unpaid for greater than 90 days, this office may file a formal complaint on your behalf with the Insurance Commissioner of New Jersey. Your signature on this agreement authorizes this office to file a complaint with the Insurance Commissioner on your behalf.

We must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are ultimately your responsibility. We realize that temporary financial problems may affect the timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, **PLEASE** do not hesitate to ask us. We are here to help you.

I have read and understand the above policy and agree to it's terms.

Signature of responsible party: \_\_\_\_\_

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Rahway, New Jersey 07065  
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Fax (732) 388-3908



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