

**R&B MEDICAL GROUP
FINANCIAL AGREEMENT**

Welcome to our office. We are pleased you have chosen us as your health care provider. We are committed to your treatment being successful. We have set up this financial policy in order to make your health care payment as easy as possible.

WE ACCEPT ALL MAJOR CREDIT CARDS, DEBIT CARDS, CHECKS AND CASH.

R&B Medical Group participates with MOST insurance companies; **however it is your responsibility to make sure the physician you are going to see participates with your insurance plan.** Any charge not covered by your insurance related to this reason will be your responsibility. We will bill the insurance companies on your behalf when accurate information is received from you.

MEDICARE will only pay for services it determines to be reasonable and necessary under Section 1862(a) (1) of the Medicare law. There will be times Medicare will not cover a visit or procedure based on this program standard, in this case, financial responsibility will carry over to the patient.

Several insurance plans require you choose a PCP or have a referral in hand at the time of service. You are responsible for your referral. **If you do not have a current referral or you have not listed one of the primary care physicians in the office with your insurance, R & B Medical Group reserves the right to reschedule your appointment.**

Your Insurance plan may also require a co-payment.

There will be a \$10.00 fee for any payment not received at the time of service.

For those patients who do not have insurance, payment is expected at the time of service. Please refer above for payment options.

Due to an increase in Missed Appointments our policy states:

There will be a \$40.00 fee for missed appointments and a \$50.00 fee for physicals not cancelled 24 hours in advance.

I authorize Drs. Howard Lippes, John Hall, Rosalba Mucciarella, Carmen Alvarez, Eric Koch, Patricia O'Donnell, and Juliette Joy Nwachukwu to apply for benefits on my behalf for services rendered by them or their order. I request that payment from my insurance company be made directly to them. I hereby agree to pay any balance remaining after all payments have been made by my insurance company.

I HAVE READ AND UNDERSTAND THE POLICIES SET FORTH BY R&B MEDICAL GROUP

Signature

date