



David A. Garfinkel, MD
Lakshmi R. Laguduva, MD
Patricia Convery, MD
Tina M. Alessi, CNM

Office Locations

(973) 683-1400 Tel
111 Madison Avenue
Suite 305
Morristown, NJ 07960
(973) 683-0700 Fax

(908) 719-4900 Tel
2345 Lamington Road
Suite 107
Bedminster, NJ 07921

(973) 227-8898 Tel
170 ChangoBridge Road
Unit B6
Montville, NJ 07045

PLEASE READ AND SIGN BELOW:

PATIENT CONTRACT:

As we participate in so many insurance plans, we cannot be held responsible for each and every detail of every insurance plan. It is important for you to be fully informed of your personal policy information so you can take full advantage of your benefits. Accordingly, it is your responsibility to inform us of any insurance changes at the time of the visit, otherwise you will be personally liable for the full amount of the visit. If you do not have an insurance card and still want to be seen you must pay in full for services rendered that day. You may not be aware but physician's offices have a narrow time frame to submit a claim and if we don't get it in correctly or on time they don't pay at all!

Copays—

If you are responsible for a copay it must be paid at the time of service. There is a cash machine downstairs for your convenience. If you do not pay the copay by the end of that business week a \$25 fee will be added and accrued for each subsequent month it goes unpaid. A fee will be added for any bounced check.

Labs, Radiologists, Specialists & Hospital Services—

The status of network participation by specialists, facilities, labs, or in hospital services is impossible for us to track. You should call your insurance carrier to verify network particulars or the participation status. We do the very best we can to assure you are going to the best facilities and physicians that deliver the best quality care. We cannot assume responsibility for network participation as it changes on a daily basis.

Referrals, Scripts and Precertification—

Many insurance plans require a referral or precertification to receive services outside our office. Most insurance companies use electronic referrals or automated precertification. It is very important that you leave this office with the proper paper work and that you inform us as soon as possible of the appointment time so we can process your request. We cannot be responsible to get them through at the last minute.

Financial Responsibility—

We will submit a claim to your insurance company if we participate in that plan. You are financially responsible for any copay, co-insurance or balance due for covered or non-covered services. If we do not participate you are responsible for payment at time of service. **If this balance is not paid or a payment plan not set up, a monthly fee of 1.5% will be accrued and your account will go to a collection agency with an additional 18% interest fee attached and possible legal fees.** Your signature below indicates that you understand your financial responsibility for all care received whether in or out of network and all expenses are ultimately your responsibility based on your individual policy.

Patient or Guardian Signature

Date