



103 River Rd STE 101
Edgewater, NJ 07020
Phone: 201-308-8995
www.SPRIInstitute.com

PATIENT AUTHORIZATION POLICY

I Authorize/Agree:

- The release of any of my medical records to National Health Rehabilitation, LLC when additional information is needed for my treatment.
- National Health Rehabilitation, LLC to release my medical information to any other physician or provider to whom I am being referred to for treatment.
- The release of my medical information to my insurance carrier should they need additional information to process and pay for any medical services I receive.
- Payment of my medical benefits to the above stated physician or provider for services rendered to me.
- To accept financial responsibility for any services not covered by my insurance or any other third party payer.

Medicare Patients: I request that payment of authorized Medicare benefits be made either to me or on my behalf to National Health Rehabilitation, LLC for any services furnished me by physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare Services and its agents any information needed to determine these benefits or the benefits payable for related services.

Worker's Compensation / Auto Insurance Patients: Worker's Compensation or Auto Insurance may deny your claim under some circumstances. We routinely ask our patients to provide us with their Secondary Insurance information, as a well as a referral for that insurance from their Primary Care Physician, if required. If claim is denied, you must assume responsibility for payment of your bill.

Act 66 of 1988: Act 66 of 1988 requires us to notify you that your National Health Rehabilitation, LLC physician may refer you for a medical service, product or device to a facility or business in which he or she has a financial interest. If this occurs, you will always have the freedom to choose an alternate provider or place of service.

Signature: _____

Date: _____



103 River Rd STE 101
Edgewater, NJ 07020
Phone: 201-308-8995
www.SPRIInstitute.com

FINANCIAL POLICY:

Insurance Information:

- You are responsible to notify us of your insurance and to provide the necessary information about your insurance plan, therefore please have your current insurance card with you at all times. Please notify us at the time of check-in of any changes in insurance, address, phone numbers, etc.
- Please remember insurance coverage is a contract between you and your insurance company. The ultimate responsibility for understanding your insurance benefits and for payment to your doctor rests with you. While you may have insurance coverage to pay your medical bills, you are ultimately responsible for all charges. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you are responsible for payment of these charges.
- To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service or Member Services department of your insurance company (the phone numbers are on your insurance card) prior to your appointment. Make sure that both your physician and the place of service (Hospital, Ambulatory Surgery Center) where services may be performed are listed as a participating provider by your insurance company. It is possible that only the physician or the Hospital/Surgery Center participates with your insurance plan.

Referrals:

- Referrals are the patient's responsibility. If your insurance requires a referral for your visit and there is not one in place, you will be responsible for payment at time of service or your visit will be rescheduled.
- Referrals typically have an expiration date and a limited number of visits. You should be careful to monitor dates and visits.

Payment Information:

- Payment for service is due at time of service. All co-payments are due at time of service. If you are not prepared to pay your co-pay on the date of service, your appointment will be rescheduled. We accept cash, checks, Master Card, Visa and Discover.
- Returned Check Fee - Your account will be charged a \$25 fee for each returned check. In addition, you will be asked to bring cash to our office or mail a Cashier's check to cover the returned check and the fee.
- Past Due Accounts - Patients who have not made an effort to make payment arrangements may be turned over to a collection agency. Patients who have allowed their account to be turned over to a collection agency will be expected to satisfy their financial obligation to us before returning to see our physicians.
- Our Office is available to discuss any questions you may have regarding your account, Monday through Friday 9:00 AM- 4:30 PM.

Signature: _____

Date: _____