



We are pleased that you have entrusted our physicians with your health care. In doing so, you can be assured that we are committed to providing you with the best medical care possible. We also appreciate that healthcare coverage can be a complex world and recognize the need to establish a clear and concise financial policy that helps you understand your responsibilities as a patient.

As a policyholder of healthcare insurance, it is your responsibility to be an informed consumer. It is expected that you have an understanding of what your policy covers, know your copayment amounts, know if your plan requires a referral and if precertification is necessary for certain procedures. It is also your responsibility to be aware of any deductibles and coinsurances that may apply for both participating and non-participating physicians and facilities. We will do our best to assist you with understanding your proposed treatment and in answering questions relating to your insurance.

**Payment Policy Schedule\*:**

Co-payments	Full payment is due at the time of service. Failure to make payment will result in an additional \$20.00 statement charge
Deductible and coinsurance	Full payment is due at the time of service
Non-covered service	Full payment is due at the time of service
Non-participating insurance plan	Full payment is due at the time of service

**Other charges/fees\*:**

Missed Appointment Fee	The office requires at least 1 business days notice when cancelling an appointment. Failure to provide this notice will result in a charge of up to \$75.00.
Cancellation of GI procedure	The office requires at least 2 business days notice. Failure to provide this will result in a charge of \$50.00
Cancellation of Cardiac Testing	The office requires at least 1 business days notice. Failure to provide this will result in a charge of \$200
Return Check Fee	A fee of \$25.00 will be applied for any check returned
Medical Records	A fee of \$0.75 per page due prior to the release of records

Form Fee

Some locations charge \$35.00 for processing forms. Please check with your individual physician's office.

Collection fee\*

In the event your account is sent to a collection agency, a charge of 35% will be added to your balance.

If a payment for services rendered is received by the patient/guarantor/dependent from the insurance carrier and not turned over to CMG within 10 days of receipt, you will be charged 10% interest on the billed amount.

\* Subject to change at any time

We understand that medical care can often become very expensive and that temporary financial problems may affect your ability to pay on a timely basis. If such a situation should arise, we encourage you to contact us promptly for assistance. For further information about this or our financial policy, please do not hesitate to contact us at 212-614-0039 between the hours of 9:00 AM – 12 Noon, Monday through Friday.

I fully understand and acknowledge receiving a copy of Concorde Medical Group's Financial Policy. Please sign your name below:

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Dated