



Rheumatology Center of Princeton

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WELCOME TO OUR OFFICE*THIS INFORMATION MAY SAVE YOU UNNECESSARY EXPENSE!

Please take some time to read about our policy on medical insurance plans. Your signature below indicates your understanding and acceptance of our medical insurance policy. Please feel free to discuss any questions with our office staff.

- ❖ Primary insurance is coverage through YOUR employer or your spouse if you are not employed.
- ❖ Secondary insurance is additional coverage through a SPOUSE.
- ❖ Children with coverage through both parents will be considered to be primary under whichever parent's birthday falls first in the calendar year.

If our office participates with either your primary or secondary insurance, we will submit the claim as appropriate and it is your responsibility at the time of service to provide our office with the following.

- All information that applies to the primary insured including date of birth and social security number.
- The insurance claim submission address for both insurance companies.
- The co-payment as required by your insurance company.

For plans requiring referrals you must have a valid referral, which must be presented prior to service to qualify for your insurance benefit. If you do not have a valid referral as required by your insurance plan:

- You may reschedule your appointment.
- If you choose to be seen without a valid referral, you must understand that any changes incurred resulting from this visit will be your responsibility. As per your contract with your insurance carrier, you have agreed to bring a referral coordinated by your provider rates as per the insurance Explanation of Benefits.

For plans requiring referrals for maximum or optimal benefits (POS or Point of Service Plans)

- We do not require a referral for these plans, however, it is the responsibility of the insured to be aware of their insurance benefits. If you choose to be seen without a referral you will be responsible for all deductibles or charges as per your contract with your insurance company. We will submit charges with a referral when properly provided to us.
- We will submit to your insurance carrier and then bill you, if necessary, as per the Explanation of Benefits we receive from your insurance company.

Following claim submission

- ❖ You will be billed for any deductibles or co-payments as determined by your insurance company.
- ❖ Payment is expected upon receipt of statement from our office.
- ❖ Occasionally, insurance companies will request information from you regarding medical claims. You must respond to these inquiries within 14 days, or you may be held responsible for the entire charge of the medical visit.

I am aware of, have read the above, and accept the insurance policy of this office as indicated by my signature below.

Signature of Patient / Responsible Party

Date

SIGNATURE ON FILE

I authorize use of this form on all my insurance submissions, as well as the release of information to all my insurance companies allowing my physician to submit claims and receive payment for benefits covering services rendered for myself or dependents. I permit a copy of this authorization to be used in place of the original and understand that I am financially responsible for all charges as per my agreement with my insurance company and this office.

Name (Please Print)

Date

Signature