UNIVERSAL MEDICINE
Comprehensive Personalized Medical Care

103 River Road Suite 101
Edgewater, NJ 07020
Tel : 201-308-8995
Fax : 201-917-3603
www.universalmedicinenj.com

Financial Policy

General consent and authorization for release of information

- You are responsible to supply our staff with your insurance identification cards. it will automatically file the claim for you; however, you are responsible for any deductible or co-pay him do at the time of service as described in your insurance handbook. If any of the procedures performed here are not a covered item under your plan, you will be financially responsible for payment in full.

- You hereby guarantee payment in full to Universal Medicine for all charges for services rendered and/or charges exceeding third-party payments (except when prohibited by law or under contract). You also authorize Universal Medicine to release to government agencies insurance carriers and others (including independent utilization review organization), Who may be financially liable for the services, all information necessary to pre-authorize services, determine medical in the Cecily and/or the extent or amount of liability and challenge denials of medical necessity. You here by the sign all amounts payable for services rendered to Universal Medicine. You understand that this constitute a waiver of confidentiality under 42 C> F.R. Part 2 (confidentiality of patients drugs and alcohol records) and N.J.S.A. 26: 5 c-i et seq. (Pertaining to FTW and AIDS records) and that this authorization is revocable, except to the extent that action has been taken in reliance there on and will otherwise remain in force in definitely in order to effectuate the purpose for which it is given.

- It is your responsibility to understand which insurance plans Universal Medicine participates with. The bill is your responsibility. Your insurance policy is a contract between you and your insurance company. Our office is not a part of that contract. We are happy to file your claim for you directly with your insurance company; however, the ultimate responsibility for payment remains on you.

- You certify that the information given to you in applying for payment under the title XVIII of the Social Security's act is correct. You authorize any holder of medical or other permission to release the Social Security administration or it's intermediaries or carries the information necessary for this or related to the Medicare claim. You request that payment of authors authorize benefit be made on your behalf.

- You hereby request and consent to, examination and treatment (including laboratory procedures, diagnostic and medical/surgical) rendered by Universal Medicine and their associates. You also can send to the removal of specimen taken by Laboratory or pathology examination.

- It is your responsibility to understand which laboratory your insurance company affiliated with. Our office will not be held liable for services rendered to you by a nonparticipating laboratory.

- We except cash, check, money order, credit card. There is a $25 fee for a returned check. Please be aware in the event your bill remains unpaid, and we are forced to use a collection agency, you will be responsible for all costs Associated with that process.

Please do not hesitate to contact our office with your billing questions or concerns. Telephone: 201-308-8995

I certify that I have read this form and understand its contents. I also acknowledge no guarantees have been made to me as to the results of examinations or treatment.

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Patient's Signature or Legal Guardian **Date**