



ACCOUNT RESPONSIBILITY

To avoid any misunderstandings or miscommunications concerning financial obligations for your orthopaedic care in our office, we are providing you with the following information.

Please remember the services we provide constitute an agreement between you (the patient or responsible party), and this office. Your insurance policy is an agreement between you and your insurance company.

As a service to you, we will submit the claims to your insurance carrier. However, you are responsible for any co-pays or deductibles. **Co-pays are expected at the time services are rendered.** Any remaining balance can be paid by establishing a payment plan. Remember, however, you are responsible for your account.

By signing below, you indicate that you have read, understand and agree to the above. Also, you authorize your insurance company to make payment directly to us. Your signature indicates that the insurance information given is accurate, complete and valid.

In addition, by signing below, you indicate that you understand the following:

- Health Care Insurance typically is billed for any balance not paid/covered by your Personal Injury Protection under your Automobile Insurance policy.
- Automobile Insurance companies pay 80% of the NJ/PA Fee Schedule and apply deductibles before paying the allowed percentage.
- If you choose not to have your Health Care Insurance company billed as the secondary payor, or if you chose not to comply with your Health Care Insurance company's rules, you will be responsible to pay for any deductible applied and the 20% coinsurance. (This balance is normally paid by your Health Care Insurance).

Signed: _____

Date: _____

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