AFFILIATED MEDICAL ASSOCIATES

of MORRISTOWN

Patient Financial Responsibility Policy

All copays (primary and/or secondary) are due at time of service. A $25.00 service charge may be billed for unpaid co-pays

If we are not participating with your insurance (we are out of network) we may ask you to pay the full or partial charge at time of service.

It is the patients' responsibility to verify if we are in or out of network with their insurance carrier.

If your insurance requires a referral from your PCP (Primary Care Physician), it is the patient's responsibility to be sure we have a valid referral.

Please bring your insurance card with you for every visit.

Your health insurance policy is a contract between you and your carrier. It is your responsibility to be aware of any specific rules or regulations.

Not all vaccines are covered by insurance. If you receive any vaccines that are not covered by your policy, you will be responsible for these charges

The patient is responsible for notifying us with of any changes in your address, phone number or insurance carrier.

All minors must be accompanied by a parent or guardian, who is responsible for all charges.

Returned checks are subject to a $25 fee.

Failure to provide 24 hour notice to cancel an appointment may be billed $50 for a missed appointment.

Refunds are issued when an overpayment has been identified. If you feel a refund is due, please contact our billing office.

We reserve the right to put your account into a collection program, report delinquent accounts to credit agencies, and assess a collection fee of 30% of the outstanding balance.

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Patient Name (please print) Date of Birth

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Signature, Patient or Legal Guardian Date