



Payment Policy

HUMC physicians participate in many health insurance plans that provide benefits for the treatment we render to our patients. But even when our practice is identified as participating with your health plan network, it is important for you to know the extent of coverage for any particular treatment that may vary between health plan packages and even between employer groups covered by the same benefit program.

We will cooperate with your insurance plan to supply necessary information and obtain authorization when appropriate. However, it is important for you to know your financial obligations and understand that they may range from a small co-payment or co-insurance amount for an office visit or service, to the full charge of a procedure that is not covered by health insurance. Some information related to these obligations most likely, is stated on your membership identification card or policy, however, you should contact your insurance company if you have questions related to a specific treatment, associated coverage and your financial obligations. **Please note: We are not responsible for informing the patients if they require a referral or authorization.**

You are responsible for all applicable charges on the day you receive treatment. If you do not have insurance or the physician does not participate in your plan, you are responsible for the full payment on the day of service for all charges incurred. If your treatment is covered by insurance and the physician participates in your health plan, we will submit claims for services rendered on your behalf. However, you are responsible for all applicable co-payments, co-insurance and payment balance not covered by your health plan. For your convenience, we accept payment in the form of cash, checks, and credit cards.

Thank you for choosing a Hackensack University Medical Center physician for your health care needs.

I have read and understand this payment policy and I accept responsibility for my financial obligations related to treatment rendered by HUMC. In addition, I have received the Patient Bill of Rights and Responsibilities pamphlet as set forth by Hackensack University Medical Center.

Signature: _____ Date: _____

Please Print: _____