



PREMIER UROLOGY GROUP, LLC

Urological Surgical Associates Division

Jerold Grubman MD, FACS
Andrei Kachala MD, FACS
Benjamin Fand MD, FACS
William L. Terens MD, FACS
Joshua L. Wein MD, FACS
Rupa Patel MD, FACS
Neil D. Sherman MD, FACS

10 Parsonage Rd, Suite 118
Edison, NJ 08837
Tel: 732.494.9400
Fax: 732 548 3931

3 Hospital Plaza, Suite 200
Old Bridge, NJ 08857
Tel: 732.679.2010
Fax: 732.679.2077

570 South Ave, Building A
Cranford, NJ 07016
Tel: 908.272.5335
Fax: 908 497 1633

Patient Financial Policy

(please read carefully!)

Welcome to our practice! We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care treatment. This is but one component of the integral doctor-patient relationship.

In order for a patient visit be billed to an insurance company, it is the patients obligation to present his current, valid insurance card **each and every time** a service is rendered.

Acceptable payment forms include cash, personal check, Visa or MasterCard.

- We have made prior arrangements with many health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement and will require you to pay your authorized co-payment at the time of service.
 - Co-payments will be collected upon check in as you arrive for your appointment.
 - MEDICARE 20% coinsurance will be collected at time of service
 - All **patient responsibility for drug therapy costs must be paid at time of service**
- We encourage patients to utilize the Out of Network "OON" benefits that are frequently associated with your selected insurance program. Our staff will be happy to assist you in navigating the system when dealing with your OON benefits.
- Your health insurance policy is a contract between you and your insurance company. In many instances, the doctor is not involved. Unless either you or your health coverage carriers have made other arrangements in advance, full payment is due at the time of service.
- Your insurance company establishes its own rules for referrals. If you present for a visit without the required referral, you cannot be seen as per **YOUR** insurance company's rule. It is your responsibility to keep track of any required referrals so that you may prevent any disruption of your care.
- Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered," **you will be responsible for the complete charge.** Payment is due upon receipt of a statement from our office. This also applies to those diagnoses that an insurance company may deem as a pre-existing condition.
- Our billing cycle is as follows:
 - All co pays and MDCR 20% coinsurance due at time of service