

PRINCETON GASTROENTEROLOGY ASSOCIATES, P.A

Practice Limited to Gastroenterology
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PATIENT RESPONSIBILITY FOR PAYMENT

As a service to our patients, Princeton Gastroenterology Associates, P.A. will submit charges for medical treatment to the patient's insurance company. However, the patient is primarily responsible for paying any and all expenses incurred at the office.

Princeton Gastroenterology Associates, P.A. may attempt to verify in advance that the patient's insurance company will pay for specific medical procedures. Occasionally, even though coverage was verified and an authorization may have been obtained before the medical services were provided, the insurance company denies the claim. If the insurance company denies payment or will only pay a portion of the medical bill, the patient is responsible for payment of the account balance. Likewise, if the patient has not met his or her deductible under a given insurance plan, the patient will be responsible for the amount of the deductible in addition to whatever amounts the insurance company does not pay.

CONTACTURAL AGREEMENT TO PAY MEDICAL EXPENSES

I understand that I am personally responsible for all medical expenses incurred at Princeton Gastroenterology Associates, P.A. for medical care and treatment. I agree to pay all medical expenses within 30 days of the date that I am billed for those expenses, unless other arrangements have been made with Princeton Gastroenterology Associates, P.A.

Patient Signature
(Authorized representative if patient is unable to sign)

Date of Signature

Patient name