Endoscopy Center of Ocean County
Endoscopy Center of Toms River
Doctors: Tamimi, Collier, Bigornia,
Glazier, Mirchandani, Menadier
477 & 473 Lakehurst Road
Toms River, NJ 08755
P: 732-349-4422 F: 732-349-8126

Facility Patient Financial Responsibility Statement

Thank you for choosing our Endoscopy Centers for your procedure. We strive to provide the highest level of healthcare services possible. We ask that you read and understand your financial responsibilities prior to receiving services.

Patient Name: _____

1) I understand that I am responsible for knowing the policy provisions and rules of my insurance coverage(s) and that I am solely responsible for obtaining any necessary referrals prior to my procedure. Failure to obtain and present a valid referral may result in my being financially responsible for all services provided.
   Please Note: a Doctor's prescription is NOT a valid referral.

2) I understand that I am financially responsible for any amount not covered by my insurance including, but not limited to, co-pays, co-insurances, deductibles and non-covered services.

3) I understand that if I do have valid medical insurance, I am financially responsible for all fees for provision of medical services that, unless other arrangements have been made in advance, payment of these fees is expected upon receipt of statement.

4) I understand that failure to remit payment for any amounts deemed patient responsibility may result in my account being referred to collection activity and that I will be financially responsible for any additional fees incurred as a result.

5) I understand that the cancellation of any procedures with less than 72 hours' notice or a No-Show of a confirmed procedure will result in a cancellation fee of $100. For more information on our Cancellation Policy please see handout in your packet.

BY MY SIGNATURE BELOW, I ACKNOWLEGE THAT I UNDERSTAND AND AGREE TO THESE TERMS:

_____ _____

Signature of Patient and/or Guardian Today's Date