1314 Hooper Avenue Bldg A, 2nd Floor
Toms River, NJ 08753
T: 732-255-7553 F:732-255-8901

Patient Identification Data- 18 Years and Older

Patient's Name: _____ **Date of Birth:**_____

Any Known Allergies:_____ **Email:**_____

Cell Phone(Primary Phone):_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Parent Name:_____**DOB:**_____

CellPhone:_____

Address:_____**City:**_____**State:**_____**ZIP:**_____

Parent Name:_____**DOB:**_____

Cell Phone:_____

Address:_____**City:**_____**State:**_____**ZIP:**_____

Medical Information Release:

I authorize the following individual(s) to make decisions/obtain information on my behalf regarding my medical care and or account:

Name:_____Relationship:_____Phone:_____

Name:_____Relationship:_____Phone:_____

Name:_____Relationship:_____Phone:_____

In case of emergency and we need to contact you but are unable to reach you at the phone numbers you have previously listed, please provide us with an alternate contact i.e. grandparents, friend, neighbor.

Name:_____Relationship:_____Phone:_____

Signature:_____ **Date:**_____

Patient Identification Data 18 years and older

* Financial Policy *

Mission Statement: *Within the framework of a healing environment, we offer effective and efficient care to our patients and families in the growing and changing world. We strive to meet our goals with compassion, competence, courtesy and confidentiality. As we embrace new concepts to improve medical care, we will keep the welfare of our patients as our number one priority.*

- Your bill is your responsibility unless you have an insurance policy with a company with which we are members, and it is otherwise stated in our contract with that company.
- Payments, including co-pays, are expected at the time of service.
- Payment may be made by cash, check, Visa, Mastercard, American Express, Discover, or MAC (or other bank debit cards).
- If you need to pay by post-dated check, please discuss this option with the front desk person when you first approach the desk, before your bill is put into the computer.

Insurance

- All co-pays must be paid at the time of service.
- If we are members of your insurance company, carrying your specific policy, we will file the claim for services.
- After we receive the explanation of benefits (EOB), you will be billed for the portion of the charges that the insurance company states is your responsibility.
- If we are not members of your insurance company or not members of your specific policy, we will provide you with a time of service receipt, showing your payment, which includes all the information you need to process your claim. Just attach it to your claim form.

Missed Appointments

- If you arrive 30 minutes late for an appointment, we may ask you to reschedule.
- If 3 appointments are missed within a 6 month period, we regret that we may not be able to keep you on as a patient.
- A well/physical exam must be canceled 24 hours prior to appointment, if not there will be a no show charge of $30.00.
- All other visits must be canceled 2 hours prior to the appointment, if not there will be a no show charge of $30.00.

Quality of Care

To stay active in our practice, our office policy is to maintain a yearly well visit.

Assignment of Benefits

I understand that my signature requests that payment be made to the physician and that it authorizes release of medical information necessary to pay the claim to physician.

Signature:_____Date:_____