**ALLIANCE PRIMARY CARE OF NJ**

**JOYCE NKWONTA, MD**

**FINANCIAL POLICY**

**Payment:** Payment in full for your **estimated** insurance co-payment is due at the time of your visit. Please be prepared to pay. We accept the following forms of payment: Cash, Check, Debit, Visa, MasterCard, Discover, and American Express

**Insurance**Our office is committed to helping out patients maximize their benefits. Your insurance policy is a contract between you and your insurance company. As a medical provider, we are not party to that agreement. We require our patient(s) to provide us with their up-to-date medical insurance; without this we are unable to estimate coverage for a patient. Failure to provide us with your current medical insurance will result in payment in full for services rendered. Understand that prior verification of insurance coverage is only estimation and **never a guarantee of payment per** the insurance company. **Copays, coinsurance and deductibles are due at the time of service.**

**Missed appointment Policy** Our office requires a 24-hour notice to cancel or reschedule an appointment. The Fee for missed appointments or rescheduling same day appointments without a 24-hour notice is $25.00, which must be paid in full prior to patient’s next appointment. We understand unforeseen circumstances may occur. Please understand that your missed appointment hinders our ability to help another patient as your appointment slot has been taken up by you and is not double-booked.

**Returned Checks**We charge a $35 fee for returned checks, which you are responsible for.

**Collection Fees:** Fees incurred to collect payment and/or Collection agency fees will be payable by the patient’s account holder.

**OFFICE POLICY**

**Medication Refills:** Medications are refilled during your visit with the doctor. If you need a medication refill, please request your refill 72 hours in advance through the **Healow App** or **Patient Portal**. By doing so, the request automatically populates in your medical chart. We do not refill medication if the doctor has not seen you within 1 year or less based on your health risks. You may have your pharmacist send an electronic refill request to our office. Requests are handled within 72 hours. For your safety, the doctor will review each request before authorization. WE NO LONGER FAX REFILLS.

**Referrals:** Physician must initiate referrals during your visit. Prior notification of at least 48 hours is required for established consultation follow-ups. **Same day faxed requests are no longer accepted**.

**Forms:** All forms must be presented to the Receptionist. Completion of some medical forms requires a FEE. Please allow 5 to 7 days for completion.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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