

# Garden State Rheumatology Consultants

RUNSHENG WANG, MD  
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Tel: 908-977-1677; Fax: 833-322-1175  
Email: [info@gsrheum.com](mailto:info@gsrheum.com); web: [www.gsrheum.com](http://www.gsrheum.com)

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Thank you (“Patient”) for choosing Garden State Rheumatology Consultants LLC (“GSRC”) as your healthcare provider. We are honored by your choice and are committed to provide you with the highest quality of healthcare. We ask that you **read carefully** and sign the following office policy.

## ***I. Patient’s Financial Responsibilities***

- The patient (or patient’s guardian, if a minor) is ultimately responsible for the payment for the services provided by GSRC.
- **All payments (including copays, co-insurance, deductibles) are due at the time of service.** For your convenience, we accept cash, check, and major credit cards at our office.
- **In-Network Insurance**
  - GSRC is pleased to assist you by billing our contracted insurers (In-Network). However, **you are required to provide us with the most accurate and updated information about your insurance(s).** If the insurance information you provided is not accurate or up to date, you will be responsible for any charges incurred due to incorrect information.
  - If GSRC is contracted with your insurance plan (In-Network), you are responsible for the payment of copays, coinsurance, deductibles, and all other procedures and/or treatments that are not covered by your insurance plans. The final cost to you is ultimately determined by your insurance.
  - If your insurance plan has an annual deductible, and you have not met the annual deductible at the time of the visit, the cost of the visit will most likely be your responsibility. GSRC will provide an estimate of your cost for the service 2-4 business days prior to your visit.
- **Out-Of-Network Insurance**
  - If GSRC is not contracted with your insurance plan (Out-Of-Network), we require full payment at the time of service. GSRC will provide a good faith estimate of your

• Patient Initial or Signature: \_\_\_\_\_

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cost/sample fee schedule for the service prior to your visit. The current sample fee schedule will also be provided upon request.

- Patients may incur and are responsible for the payment of additional charges at the discretion of GRSC. These charges may include (but are not limited to):
  - Charge for returned checks or fees associated with credit card chargebacks (\$25).
  - Charge for the copying and distribution of patient medical records for non-patient care purposes (e.g. request from life insurance, disability insurance, etc), based on NJ state guidance. We do NOT charge a medical record fee for any patient care purposes.
  - NO SHOW fee (\$50). See appointment time section for the definition of NO SHOW.
  - **Charge for same day form completion** (\$50 or above, depending on the complexity of the form). For details, please refer to our patient form/letter policy.
  - Any costs associated with collection of patient balances.
- For any patient who has an overdue balance of more than \$100, GSRC reserves the right not to schedule any further appointment and/or cancel any existing appointment for the patient until the balance is paid in full. For any patient who has an average overdue balance of more than \$100 for more than 6 consecutive months, GSRC reserves the right to dismiss the patient from the practice, to send the debt to a collection company, and/or to file a civil case in court.

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## *II. Appointment time, No shows, Cancellations*

- **Please arrive on time for your scheduled appointment.**
- NO SHOWs: we consider the follow scenarios as NO SHOWs and they are subject to a NO SHOW fee (\$50):
  - You do not show up for your scheduled appointment.
  - You cancelled your appointment within 24 business hours of the scheduled time. For example, if your appointment is on Monday at 11:00 AM, and you cancelled your appointment on Friday after 11:00AM, it is considered NO SHOW. If you call for cancellation but cannot reach our staff, please leave a message with our answering service or leave a voicemail.
  - You are more than 15 minutes late for your scheduled appointment. In this case, we will try our best to see you on the same day, if our schedule allows. However, GSRC reserves the right to cancel and/or reschedule the appointment to a different date, and your appointment will be considered as NO SHOW.
- **GSRC reserves the right to discharge any patient who frequently have NO SHOWs.** Patients who have 3 consecutive NO SHOWs or no show for more than half of their appointments in a year, may be discharged from the clinic at the discretion of GSRC.
- For patients who miss their new patient appointment (new patient appointment NO SHOW), GSRC reserves the right not to schedule any further appointment. Or, at practice's discretion, requests a non-refundable charge of \$150 to schedule a new patient appointment for a second time.

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## *III. Refills and Prescriptions*

- Prescription Refill Policies: Please allow 2 business days from the time of receipt of prescription refill request. **Depending on your medical conditions and the medications that you are taking, for safety reasons, we may require follow up appointments and/or certain tests before we can refill your medications.**
- We do NOT refill controlled substances over the phone, during telemedicine visits or after hours.
- We do NOT prescribe controlled substances at your first appointment with us.

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## *IV. Patient Forms and Letters*

- **Before you send any forms to us, please fill out your personal information on the form,** including your full name, your date of birth, your contact information, etc. and leave the medical information and clinic information blank for us to fill out. You can send the form by fax, upload from patient portal or mail to our office.
- If your medical information (diagnosis, treatment plan, etc) has to be discussed/disclosed on the form, **please make sure you provide a written permission** for us to disclose your medical information. Usually, your signature on the form is sufficient, but occasionally you will need to sign a medical record release form. It is required by law to protect patient's privacy.
- **Please allow 5-7 business days** from the time that we receive all necessary information of the form (e.g. patient's info part, patient's signature, etc) for us to complete your form. Should you need it urgently, we charge a fee for the expedited service at the discretion of GSRC (\$50 or above, depending on the complexity of the form).

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## ***V. Discharge from the practice***

GSRC reserves the right to discharge a patient from our practice and/or terminate physician-patient relationship, if any of the following conditions apply:

- Any patients who are physically or verbally abusive, threatening, or violent towards the physicians, staff members, other patients, and visitors. The use of discriminatory language, including racial slurs, towards a physician or a staff member is considered abusive and threatening.
- Any patients who have 3 consecutive NO SHOWs or have NO SHOWs for more than half of the scheduled appointments in a year.
- Any patients who have an overdue balance of more than \$100 for more than 6 consecutive months.

We reserve the right of updating our office policy periodically. The most up-to-date office policy can be found on our practice website and upon request.

**I have read, understand, and fully agree to the provision of the *Office Policies and Patient Financial Responsibility* form.**

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Signature of Patient or Guardian

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Date

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Print Name

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Date of Birth