

Garden State Rheumatology Consultants

2333 Morris Ave, STE B-111, Union, NJ 07083
Tel: 908-977-1677; Fax: 833-322-1175
Email: info@gsrheum.com; web: www.gsrheum.com

Self-Pay Patient Agreement

The following is an agreement between you and Garden State Rheumatology Consultants LLC (“GSRC”) that states your rights and financial responsibility as a self-pay patient. By your signature below, you understand and agree that:

- You will be paying for the services provided by GSRC directly because:
 - you currently do not have health insurance coverage. You understand that GSRC will not retroactively submit a claim to an insurance for services rendered today and in the future.
- OR**
- you have health insurance, but GSRC is not in-network with your insurance. However, you have chosen to opt out of utilizing you existing medical insurance coverage for this and future visits. You understand that by choosing this option:
 - you forgo the ability to submit a claim directly to your existing insurance and understand that GSRC will NOT submit a claim to an insurance for services rendered today and in the future.
 - GSRC will provide a receipt of payment, procedure code(s) and diagnostic code(s) to you. Your private payment for your visits may or may not be factored into your insurance plan's deductibles, maximum out of pocket cost, etc.
 - there may be other providers who are in network with your insurance company, and that if you were to see those providers, some or all your bills could be covered by insurance benefits.
- As a self-pay patient, you have the right to request that any medical records generated as result of your visits NOT be disclosed for present or future commercial insurance plan(s). **Such requests must be submitted in writing**, and will be in effect 5 business days after your submission.
- You agree that GSRC will collect charges for today and future visit at GSRC fee-for-service rates at the end of each visit. A Good Faith Estimate of the visits is provided in the Appendix A.
- You understand that the health care services that you receive / will receive from GSRC / Dr. Wang are not emergency services or a trauma service as defined in State and Federal laws, and additional protections under Federal and State laws do not apply.
- You understand that, if you no longer wish to be seen as a self-pay patient, you need to send a written request to GSRC to terminate your status as a self-pay patient.

By signing below, I confirm that I understand the terms of this agreement and understand that I am completely responsible for all costs associated with all services provided to me, my dependents or any other person for whom I have assumed financial liability.

Signature of Patient or Guardian

Date

Print Name

Date of Birth

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APPENDIX A

Good Faith Estimates for Evaluation/Management:

Services/CTP code	GSRC Fee-for-Service Rate (Charges sent to In-Network Insurance)	Same Day Self Pay Rate
NEW PATIENT		
99204	\$370.54	\$250
99205	\$489.34	\$250
G2212/99417	\$71.52	\$50
FOLLOW UP PATIENT VISIT		
99214	\$285.33	\$150
99215	\$400.89	\$150
G2212/99417	\$71.52	\$50
JOINT INJECTION/ASPIRATION		
20600	\$128.16	\$85
20605	\$132.30	\$85
20610	\$156.76	\$85
MEDICATIONS USED IN INJECTION		
J1030 (Depo-medrol)	\$15	\$15
J3301 (Kenalog)	\$20	\$15

Patient's signature: _____