

# Garden State Rheumatology Consultants LLC

2333 Morris Ave, STE B-111, Union, NJ 07083

Tel: 908-977-1677; Fax: 833-322-1175

Email: [info@gsrheum.com](mailto:info@gsrheum.com); web: [www.gsrheum.com](http://www.gsrheum.com)

RUNSHENG WANG, MD

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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 forms (total of 5 pages).

## *I. Office Policies and Patient’s Financial Responsibilities*

- **The patient (or patient’s guardian, if a minor) is ultimately responsible for the payment for the treatment and care provided to the patient by GSRC.**
- GSRC is pleased to assist you by billing for our contracted insurers (In-Network insurance). However, the patient is required to provide us with the most accurate and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not accurate or updated.
- If GSRC is contracted with your insurance plan (In-Network insurance), patients are responsible for the payment of copays, coinsurance, deductibles, and all other procedures and/or treatments that are not covered by their insurance plans. **As a courtesy**, we will provide **a cost estimate** prior to the visit, using our best knowledge. However, we do not guarantee the estimation is the final cost to the patient/you, as it is ultimately determined by your insurance.
- If GSRC is not contracted with your insurance plan (Out-Of-Network insurance), we require full payment at the time of service. GSRC will provide a good faith estimate of your cost for the service prior to your visit, and a current sample fee schedule will be provided upon request.
- **All payments (including copays, co-insurance, deductibles) are due at the time of service.** and for your convenience, we accept cash, check, and most major credit cards at our office.
- 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 (\$20).
  - Charge for the copying and distribution of patient medical records for non-patient care purpose (e.g. request from life insurance, disability insurance, etc), based on NJ state guidance. We do not charge medical record fee for any patient care purpose.

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- Charge for extensive forms completion if not asked during a clinic visit (\$30 or above, depending on the complexity of the form).
  - Any costs associated with collection of patient balances.
- Please arrive at your scheduled appointment on time. If you are 15 minutes late for your scheduled appointment, we will try our best to see you on the same day if our schedule allows. However, GSRC reserves the right of cancelling and/or rescheduling the appointment to a different date, if you are 15 minutes late for your scheduled appointment. In that case, your appointment will be considered as NO SHOW, and is subject to a NO SHOW fee.
- Missed Appointments Policies: A charge of \$35 will be placed on your account if you do not show up for your scheduled follow up appointment (NO SHOW). GSRC also reserves the right to dismiss from the practice any patient who frequently misses scheduled appointments without prior notice. Patients who miss 3 consecutive scheduled appointments or 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, GSRC may request a non-refundable charge of \$140 to schedule a new patient appointment for a second time.
- 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, the right to send the debt to a collection company, and the right to file a civil case in court.
- 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, we may require follow up appointments and/or certain tests before we can refill your medications. We do NOT refill controlled substance over the phone, during telemedicine visit or after hours. We do NOT prescribe controlled substance at your first appointment with us.
- 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:

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- Any patients who are physically or verbally abusive, threatening, or violent towards the physicians, their staff members or other patients, visitors. The use of discriminatory language, including racial slurs towards a physician or staff members is considered abusive and threatening.
- Any patients who miss 3 consecutive scheduled appointments or 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 this *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

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## II. Patient Authorizations

- \_\_\_\_\_ (initials) By my signature below, I hereby authorize GSRC to obtain medical information from other medical institutions on my behalf.
- \_\_\_\_\_ (initials) By my signature below, I hereby authorize GSRC and its physicians, staff, and hospitals associated with GSRC to release all medical and other information acquired in the course of my examination and/or treatment (with the exceptions listed below) to the necessary insurance companies, third party payors, and/or other physicians or healthcare entities required to participate, coordinate and/or pay for my care.

Exceptions: \_\_\_\_\_

- \_\_\_\_\_ (initials) By my signature below, I hereby authorize assignment of financial benefits directly to GSRC and any associated healthcare entities for services rendered as allowable under standard third-party contracts/my health insurance. I understand that I am financially responsible for charges not covered by the assignment.
- \_\_\_\_\_ (initials) By my signature below, I authorize GSRC personnel to communication with me by mails, phone calls (including automatic phone calls, text messages, and voicemails), according to the information I have provided in my patient registration information.

**I have read, understand, and agree to the above authorizations given to GSRC.**

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Signature of Patient or Guardian

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Date

-----  
Print Name

-----  
Date of Birth

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### *III. Acknowledgement*

**I was provided a copy of HIPAA/Notice of Patient Privacy from GSRC, have read and understood it.**

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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