

ISLAND HEIGHTS PEDIATRICS

Diana Pintus-Emma, MD, FAAP

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3371Richmond Avenue
Staten Island, NY 10312
(718)984-2888



3342 Route 9 South
Deep Run Shopping Plaza
Old Bridge, NJ 08857
(732)697-4362

FINANCIAL POLICY

We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to maintaining our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

**PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR.
WE WILL REQUEST/PHOTOCOPY YOUR INSURANCE CARD(S) FOR YOUR FILE**

- **PCP** – If your insurance requires you to choose a PCP, it is your responsibility to call and change the PCP to one of our physicians prior to the visit
- **APPOINTMENTS** — 24 hour notice must be provided in the event you cannot keep an appointment. Should you not provide notice, a cancellation fee of \$25 may then be added to your account.
- **REFERRALS**- If your plan requires a referral from us, it is YOUR responsibility to ask for the referral before you leave our office. We will NOT fax them to a specialist's office if you go there without one.
- **CO-PAYMENTS** -By law we MUST collect your carrier-designated copay. This payment is expected AT THE TIME OF SERVICE. Please be prepared to pay the copay at each visit. Should you not pay at the time of service, and we subsequently send you a statement, an administrative fee of \$15 may be added to your account.
- **OUT-OF-NETWORK PLANS** -You will be responsible for any balance your plan indicates as due on their Explanation of Benefits form. We will adjust the charges to coincide with your plan's UCR (Usual, Customary and Reasonable) charges. All patients will be responsible for their co-insurance and deductible. If we do not participate with your plan, we will send a courtesy bill to that company on your behalf after you have paid us in full.
- **SELF-PAY PATIENTS** –Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. ...
- **DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** -The parent who consents to the treatment of a minor child is responsible for payment of services rendered - Island Heights Pediatrics will not be involved with separation or divorce disputes. .
- You are responsible for the timely payment of your account. Should it become necessary for us to use an outside collection agency, you will be additionally responsible for whatever charges we incur as a result of this.

WE ACCEPT CASH, CHECKS, MASTERC AND VISA.

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share special concerns.

Patient's Name:

Date of Birth:

Responsible party signature:

Date:

Print Name:

Relationship:

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