

RALUCA RADULESCU, M.D., LLC
140 Route 17 N, Paramus, NJ, 07652

Phone: 201 445 1990

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Financial Policy

The financial policy is designed to clarify the payment policies determined by this office. The Person Responsible for Payment of Account is required to sign this form. Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.

This office charges our patients the usual and customary rates for the area. Patients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

The Person Responsible for Payment will be financially responsible for payment of such services **at the time of service**. Payments not received after 120 days are subject to collections. A 1% per month interest rate is charged for accounts over 60 days.

The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan or payment at the time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a regular rate.

Payments can be made by check, cash or major credit cards.

I (we) read, understand and agree with the provisions of the Financial Policy.

Person responsible for account: _____ Date: ___/___/___

Co-responsible party: _____ Date: ___/___

_____/_____