

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

Phone: 201 445 1990

Fax: 201 445 1992

**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 your insurance company only; we are not part of this agreement. This office is not participating with any insurance plans at this time. As a courtesy to our patients, we submit electronic claims on your behalf, if your plan offers out-of-network benefits.

This office charges our patients the usual and customary rates for the area. Patients are responsible for payment 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**. A 1% per month interest rate is charged for accounts over 60 days. Payments not received after 120 days are subject to being sent to a collection agency. Should an account be placed for collection, all collection costs (33%), attorney and court fees will be added to patient's account.

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. If checks are returned unpaid by the bank, bank fees will be charged to patient's account.

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

Person responsible for account: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Co-responsible party: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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