

JMD Family Practice
 2 Kings Court
 Suite 203
 Flemington, NJ 08822
 Phone: 908.751.5439 / Fax: 908.751.5478

Patient or Responsible Party: Please acknowledge your consent and understanding of the following terms regarding patient care at JMD Family Practice by signing where indicated.

Terms and Policies	Initials
Authorizing the Release of Information: I authorize JMD FAMILY PRACTICE to release any necessary medical records to the appropriate parties (insurance, pharmaceutical companies, etc.) in relation to determining responsibility for medical benefits and obtaining reimbursement for professional services.	
Professional Fees: I understand that I am financially responsible for any and all charges for professional services, whether or not paid by an insurance carrier or health plan. Exceptions are when patient financial responsibility is limited by statutory regulation such as Medicare or by managed care (HMO, PPO, etc.) contract. In cases submitted to my insurance carrier, it is my responsibility to financially cover any deductibles, co-payments, and non-covered services as stipulated by my specific insurance plan. I may request that payment of my authorized benefit be made on my behalf and assigned to JMD Family Practice. Any payment/explanation of benefits issued directly to me for care received at JMD Family Practice must be forwarded to JMD Family Practice in a timely fashion for posting of payment and/or appropriate adjustment.	
Managed Care: To validate your managed care agreement/fee schedule, proof of your insurance coverage and personal identification must be provided at the time of service. All associated co-payments and deductibles will be collected at the time of visit. Without proper documents, you may be required to pay in full.	
Medication Refills: Refill requests should be left as a voicemail on the JMD Family Practice Nurse's line. Please allow up to 72 hours for prescription refills.	
Referrals: If my insurance plan requires a referral, it is my responsibility to request that referral from JMD Family Practice. Included in the request should be the name, NPI number, address, phone number, fax number, of the physician and the reason for visit. Please allow up to 5 business days for processing.	
Collection Agency: If my account is over 90 days past due, I will be sent to a collection agency where a collection fee of \$50.00 or 20% (whichever is greater) will be added to the unpaid balance. The practice may also discharge me from the practice for non-payment.	
Forms: Requests for completion of disability forms, reports, or other paperwork may require an advance fee based on the complexity of the form. Please allow 1-2 weeks for completion.	
Release of Medical Records: Medical records copies require written authorization and prepaid fees related to preparation. Please allow 10 business days for copies.	
Missed Appointment/Procedure: I acknowledge that I am responsible for any missed appointments or any cancelled appointments in which a 24-hour notice was not given. The fee for a missed office appointment is \$25.00.	
Returned Check Fee: I understand that there will be a \$25.00 fee for all returned checks.	
Divorced Parents of Minor Patients: The adult who signs a minor patient into our practice on the day of service accepts responsibility of payment or communication. It is the responsibility of both parents to communicate with each other about payment issues.	
Patient Balance Credits: Credit balances of \$15.00 or less will be kept on file for future use unless requested by patient.	

Patient Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____

Name of Guardian : _____ Phone #: _____