



**JERSEY SHORE MEDICAL
AND PEDIATRIC ASSOCIATES, LLC**

RANDY P. TALAMAYAN, MD
BOARD CERTIFIED
INTERNAL MEDICINE AND PEDIATRICS

JOSEPH C. MORELOS, DO
INTERNAL MEDICINE

NOTICE AND PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996(HIPAA), protects health information created or maintained by health care providers throughout the United States.

Prior to receiving care in our office, each patient shall receive and be asked to acknowledge that they have received a Notice of Privacy Practices that explains their rights under HIPAA and our use of their health information for treatment, payment and health care operations without further authorization.

Also as part of the HIPAA regulations, each patient has the right, with some restrictions, to:

- Review his or her own medical record;
- Request an amendment or correction to the medical record;
- Add supplemental information to the record;
- Restrict use and disclosure of your medical information;
- Authorize formal consent before health information is released other than for treatment, payment or as part of health care operations and
- Know who requested and received medical information for other than treatment, payment, or health care operations

In protection of your information, Jersey Shore Medical and Pediatric Associates, LLC and their employees are prohibited, with some exceptions, from releasing your health information to anyone not involved in your health care or in office operations, including family members, unless you have provided written consent. The Authorization for Release of Information form allows Jersey Shore Medical and Pediatric Associates, LLC to release your information to a particular agency or individual that you designate.

Patient Signature

Date

FINANCIAL POLICIES

Thank you for choosing Jersey Shore Medical and Pediatric Associates, LLC. In order to provide your care, we require both treatment and financial compliance. Your clear understanding of our policies is important to our professional relationship.

If your insurance plan requires a **copayment**, it is payable at the time of visit. If you present without the copayment, we reserve the right to reschedule you or to bill you a **\$10.00** administration fee.

If you fail to provide the necessary insurance demographic to file your claim, you will be responsible for payment in full at the time of service. If payment is not received from your insurance company in ninety days, you will be expected to assist in the resolution of the open claim. If the claim continues to be unpaid after 120 days, we reserve the right to bill you directly. It is in your best interest to ensure that the correct insurance information is provided at the time of service.

PATIENTS MUST INITIAL FOR ACKNOWLEDGEMENT:

_____ A **\$1.00** per page for release of medical records to a maximum charge of **\$100.00**

_____ A **\$25.00** fee will be charged for missed appointments.

_____ If for any reason a payment is dishonored by your bank, there will be a **\$25.00** service fee added to your bill and you will be required to pay by cash, certified check, money order or credit card for all future services.

_____ We require **72 hours** for referrals. Please be advised that pre-certifications and priorauthorizations are approved on a case by case basis by your insurance plan.

WE STRONGLY URGE YOU TO FAMILIARIZE YOURSELF WITH THE BENEFITS, EXCLUSIONS, AND DEDUCTIBLES OF YOUR INSURANCE PLANS.

I hereby certify that I have read Jersey Shore Medical and Pediatric Associate's financial policy and understand my financial responsibility and agree to the terms stated in this Financial Policy.

Patient Name (Print)

Patient Signature

Date

