



GoldStar Pediatrics

Dr. Ritu Khullar MD, FAAP

GOLDSTAR PEDIATRICS

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Financial Policy

In our operations, GoldStar Pediatrics has always been committed to setting a higher standard for Patient Care. In our Office we are dedicated to helping in every area, from the treatment of patient to helping you, the parent, with the billing process. We will do all we can for you in regards to the billing of your claims, but we will need your help in this area.

Insurance:

We will submit your claims to the insurance company on your behalf. In order to do this effectively, we will need to see your insurance card at every visit. Insurance companies often have to make adjustments with the card and we need to have current information in our computers and in your child's chart to be able to process each claim. Also, be aware that at times issues arise during the claim review process where we will need you to contact the insurance company in order to finalize the claim. If you are not sure if we are in network with your insurance plan, please check with your insurance company/membership book.

Co-payments:

Co-payments for most insurance companies are listed on the card. If it is not, please contact your insurance company before the visit to find out the dollar amount. The co-payment amount is expected before the patient see the doctor. No exceptions please. If your insurance pays 100% for preventive care (well visits) please inform us so that we do not charge you a co-payment.

No Insurance:

In a circumstances where a patient currently does not have an insurance, we will need full payment to be rendered immediately before the visit. We do accept all major debit and credit cards.

Returned Checks:

There will be a \$30.00 charge for all returned checks.

Balance:

Indemnity/Traditional (ex. 80/20 Plan) – We will bill you for your part of the balance and any deductible amount after we received notification from the insurance company.

Un-covered Services:-

If the plan you have chosen does not include preventive care (well visits) we do request payment at the time of service.

We do not send out billing on the first day of each month. We ask that you remit payment as soon as possible. Please be aware that any balances over 60 days may receive a \$25 service fee and/or an interest fee of 14% per year. If financial hardship required you to make payment arrangements, please contact the Office manager. You will be required to provide proof of income/expenses.

Credit Bureau

Our office policy is that any balance that has gone unresolved for an unresolved period of time will be reported to the credit bureau.

I understand the terms and conditions set forth by GoldStar Pediatrics in regards to insurance and payment policies.

Signature of Parent/Guardian/patient

Date