



Today's Date: _____

286 New Brunswick Ave
Hopelawn, NJ 08861
Phone # 732-910-1312 Fax# 877-423-5835

Thank you For choosing us as your child's healthcare providers. We are committed to your child's health!

Please present all **Patient Insurance Cards and Photo ID of Parent/Guardian at time of service each time**, since insurance coverage and or information may vary from visit to visit.

Please understand that payment of your child's account is necessary to maintain the high-quality medical care we strive to provide. To facilitate claim approval, all patients must complete our information and insurance forms as requested. **Copayments and coinsurances are due at the time of service and will be collected PRIOR to being evaluated.** We accept cash, check and credit card forms of payment. **If your insurance company fails to pay the claim within 60 days, the balance is then your responsibility.** At that point in time if you have a credit card on file, it will be billed. Failure to pay outstanding will result in interrupted patient care and or claims be sent to collections. Should you have any questions regarding this matter, please speak with our insurance and billing staff.

Name (print)	Signature	Relationship to patient	Date
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