



Premier Perinatal, LLC
250 State Route 37W, 2nd Floor
Toms River, NJ 08755-8023

Patient Name: _____ Date of Birth: _____

In an effort to ensure your financial responsibilities are covered, it is recommended by the office of Premier Perinatal that you contact your insurance company to familiarize yourself with the type of benefits provided to you. **It is the responsibility of your primary OB/Gyn to obtain any pre-certifications and/or referrals, if necessary, prior to your initial visit with Premier Perinatal.** After your initial visit with Premier Perinatal, this office will assume the responsibility of obtaining all visit pre-certifications required by your insurance company, except for authorization for serum laboratory tests.

Please note: Carlos O. Fernandez, MD is a Perinatologist. Therefore, the specialist co-pay applies for all office visits,

We understand there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request you notify our office 24 hours in advance. When an appointment is missed or cancelled with less than 24 hours of notice, you are affecting more than yourself. We cannot offer this appointment to another patient if you already are scheduled and the other patient cannot be seen until the next available opening. So, if you do not call within 24 hours or just do not show up for the appointment, there will be a fee for this appointment applied to your account.

Missed Office Visit: **\$25**

Please note that this fee is **not** payable by your insurance company and will be your responsibility to pay at or before your next appointment time.

Authorization: *I authorize the release of any medical or other information necessary to process payment for your claims. I understand that if my insurance company denies payment for any reason for any of the ultrasounds, testing and consultations, I will be fully and personally responsible for payment.*

Signature

Date