

# HOLY NAME PULMONARY ASSOCIATES, PC

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE  
PULMONARY DISEASE, \*CRITICAL CARE MEDICINE AND †SLEEP MEDICINE

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## FINANCIAL POLICY

We are committed to providing you with the best possible care and your understanding of our financial policy is important to our professional relationship. Please ask if you have any questions regarding our fees and policies.

Due to rapid changes taking place in the health insurance industry, it is imperative that you are aware of the benefits and requirements of your insurance plan. There is no way we can possibly know, or keep up to the date with each programs provision.

**It is your responsibility to know and advise us of your plans requirements in advance, each and every time we provide service. Please be advised that if we have not been informed of your programs requirements and we provide a physician or laboratory service, you will be responsible for the fees. We will do our best to comply with your insurance requirements. Patients must inform us of changes in information and insurance plans prior to being seen. There will be a \$25.00 charge for incorrect information.**

**Participating Plans: Copays are due at time of service. \$50.00 surcharge if not paid.**

**Non-Participating/Out of Network Services: Payment in full is expected at time of service, unless arrangements have been made in advance with the office manager.**

**Referrals: If your plan requires a referral from your PCP it is your responsibility to present the referral prior to the service, or you may be responsible for the payment in full.**

**Laboratory Service: Patients must inform the nurse prior to blood drawing, which laboratory is participating with your insurance.**

**You are responsible for your annual deductible and co-insurance of 20% / 30% ect. We accept CASH, CHECK, VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS.**

**Cancellation policy: 24hrs notice is required or a fee of \$50.00 will be charged.**

**I acknowledge the original copy of the information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_