

Medical Diagnostic Associates, P.A.  
99 Beauvoir Avenue  
Summit, NJ 07901  
908-608-0078  
908-608-1504 – fax

1. Upon arrival, please sign in at the front desk and present your insurance card(s) and addition form of identification.
2. It is your responsibility to fully understand your benefit plan. It is also your responsibility to know if an insurance referral is required. If incorrect information was given resulting in non-payment of your claim, you will be responsible for the charges.
3. You are responsible for all co-payments according to your insurance plan at the time of service. When claims are processed you will be responsible for any co-insurance / deductible per your insurance company.
4. Charity care patients will be charged a nominal fee for office visits. An uninsured patient will make arrangements with the billing office at the time of service.
5. Monthly payment plans can be arranged. Please contact the billing office to discuss payment arrangements.

I have read and understand the above financial policy and agree to comply and accept the responsibility for any payment that becomes due.

Patient's Name:

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

Patient's Signature:

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