

EAR, NOSE & THROAT OF FREEHOLD, LLC

MARK ROESSLER, D.O., F.A.O.C.O.

77-55 SCHANCK ROAD SUITE B-9 • PINHO PROFESSIONAL CENTER • FREEHOLD, NJ 07728
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EAR, NOSE & THROAT OF FREEHOLD, LLC OFFICE POLICIES

- **1.** If your health insurance requires you to obtain a referral, it is your responsibility to bring the referral with you to your visit, or insure that it has been received by our office. You cannot be seen without your referral.
- **2.** Your co-pay is due at the time of service, we accept cash or check. A \$5.00 processing fee will be assessed in addition to your co-pay if not collected on the date of service.
- **3.** There will be a \$35.00 fee for any returned checks. If your account is sent to collections, you will be charged an additional 35% above the existing balance to cover collection fees.
- **4.** Office hours are by appointment only, we require 24 hour notice for cancellations unless you have an unforeseen emergency and can call the office 1 2 hours prior, the practice reserves the right to asses a \$50.00 fee for missed appointments.
- **5.** You are responsible for insuring that our office is notified of any changes in address, phone number, or insurance. We cannot properly bill your insurance company without this information. In the event you have given us outdated information, the balance is your responsibility.
- **6.** Any testing ordered by the doctor will only be reviewed during a follow-up office visit.

By signing and dating you agree that you have received and accept the policies.

PATIENT SIGNATURE:	DATE: