

FREDERICK G. MAYER, D.C.

508 Main Street
Avon, N.J. 07717
732-988-8596

OFFICE FINANCIAL POLICY

Please read and sign the following office financial policy prior to the commencement of any treatment.

We charge what is usual and customary for our services. Payment is due when services are rendered, unless other arrangements are made in advance; we accept cash, checks, and credit cards. Applicable fees will be charged for returned checks.

Please remember that your insurance policy is a contract between you and your insurance carrier. Verification of policy coverage by your insurance carrier does not guarantee payment. In the event that your insurance carrier rejects or disputes a claim, you have the right to appeal their decision.

Our insurance billing is conducted by CareCloud, Inc., a medical billing service. Once your insurance company has processed your claim, CareCloud will remind you (i.e. mail, email and /or phone call) of any additional patient responsibility.

AGREEMENT, RELEASE OF INFORMATION AND ASSIGNMENT OF INSURANCE BENEFITS

I certify that I have read the above information, or that the information has been read or translated to me, and that I understand my rights and obligations as a patient under this agreement. I acknowledge that the information that I have provided, on the "Patient Information" form, is true to the best of my knowledge and belief. I understand that I am fully responsible for any charges incurred for services rendered as well as any costs or fees incurred for collection of this account. I hereby authorize the release of any information relating to all claims for benefits submitted on behalf of myself and/or my dependents. I further authorize my insurance carrier to make payment directly to my physician for services rendered to me and/or my dependents.

NAME OF INSURANCE POLICYHOLDER OR NON-INSURED PERSON RESPONSIBLE FOR PAYMENT

PRINT _____

SIGN _____

DATE _____