

FREDERICK G. MAYER, D.C.

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

OFFICE FINANCIAL POLICY

We know that choosing a physician is a very important decision and we thank you for choosing our office. You are required to 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. A \$30 fee will be charged for returned checks.

Our insurance billing is conducted by MTBC, a medical billing service. Any additional patient responsibility will be billed to you once your insurance company has processed your claim. MTBC may call or email to remind you of any outstanding balance.

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. You are responsible for full payment in the event that your insurance carrier rejects or disputes a claim.

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 is true and correct. 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 (PRINT) _____

SIGNATURE _____

DATE _____