

Family Focused Foot & Ankle, Inc.
Dr. Gerald Mauriello, Jr.
254B Mountain Avenue, Suite 100
Hackettstown, NJ 07840
908-201-7313 phone/908-201-7314 fax

PATIENT FINANCIAL POLICY

*Your understanding of our financial policies is an essential element of your care and treatment.
If you have any questions, please discuss them with our front desk staff or office manager.*

- ❖ As our patient, you are responsible for all authorization/referrals needed to seek treatment in this office.
- ❖ Unless other arrangements have been made in advance by you, or your health insurance carrier, payment for all services are due at the time of service. We accept ALL major credit cards, cash or check.
- ❖ You agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice, we will have the right to look to you for payment.
- ❖ You are required to pay the co-pay/co-insurance/deductible at the time of service and / or any balance due.
- ❖ All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “not covered” or you do not an authorization, you will be responsible for the contracted amount. We verify benefits as a courtesy. This does not guarantee coverage or payment for services rendered. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- ❖ You must inform the office of all insurance changes and authorization referral requirements. In the event the office is not informed, you will be responsible for any and all payments denied.
- ❖ Past due accounts are subject to collection proceedings.
- ❖ There is a service fee of \$35.00 for all returned checks. Your insurance company does not cover this fee.

SIGNATURE OF PATIENT/RESPONSIBLE PARTY: _____

Printed Name of Patient: _____ **Date:** _____