

William A. Matarese, M.D.
Board-Certified
Orthopaedic Surgery and Total Joint Replacement
High Mountain Medical Center
342 Hamburg Turnpike – Suite 205
Wayne, New Jersey 07470

Telephone (973) 595-7779

Our Financial Policy

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier. We accept Visa and Mastercard as well as debit cards.
2. Keep in mind that your insurance policy is a contract between you and your insurance carrier. As a service to you, we will file your insurance claim if you assign the benefits to Dr. Matarese, which means the payment will be sent to Dr. Matarese. If your insurance company does not pay the practice in a reasonable amount of time (60 days maximum), we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
3. We have made prior arrangements with many insurance companies and health plans to accept assignment on benefits. We will bill them direct, and you are responsible for any co-payment at the time of your visit.
4. If you are insured by a plan that we do not participate with, we will prepare and mail the claim for you on an unassigned basis. This means that insurance will send the payment to you, therefore you are responsible for the full payment at time of service.
5. Not all insurance plans cover all services. In the event your insurance plan determines a service is “not covered,” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
6. We will bill your insurance company for all services provided in the hospital. You are responsible for any balance due.

I have read and understand the practice’s financial policies and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of Patient

Date

Please print the patient’s name.