

Anthony A. Natelli, M.D.
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Patient Financial Responsibilities and Policies

Thank you for choosing Anthony A. Natelli, M.D. for your medical needs. The following patient financial responsibilities and policies have been established to assist us in providing you with the highest quality medical care.

Insurance: It is your responsibility to know and understand your coverage and benefits. As a courtesy, we will file your insurance forms from our office. Please make sure your insurance and demographic information is kept up to date with our office. This includes any changes of information such as address, phone numbers, and insurance changes. If the patient is not the policy holder on the insurance, we require the policy holder's full name, date of birth, social security number, and relationship to the patient to file all claims. Patients are responsible for all fees at the time of service that are not covered by insurance, including co-payments, coinsurance, deductibles and non-covered services or items received. At every visit, make sure you have your insurance card(s) and photo identification as well as any other forms that may assist us in processing your claims correctly.

No Insurance: If you are not covered by insurance at the time of service, please be advised that you will be responsible for all charges incurred at the time of service. Cash or checks are accepted.

Returned Check: There will be a thirty-five dollar (\$35.00) charge assessed for any check returned by your bank for any reason.

Past Due Balances: Accounts that are not paid within sixty (60) days from the date of service may be sent to collections, and a collection fee may be added to the balance. If acceptable terms cannot be reached to satisfy the past due balance, the patient may be dismissed from our practice.

Medical Records: If you request a copy of your medical records, you will be required to sign a medical records release form and pay a \$1.00 per page fee. Please allow up to 14 days for this request to be processed.

Cancellation Policy: You must speak to the office staff during regular office hours. A regular visit requires a 24-hour notice. Otherwise, a \$50.00 fee will apply. A physical appointment requires a 72-hour notice. Otherwise, a \$150.00 fee will apply. All cancellation fees are required to be paid at the next visit.

Patient Acknowledgement

I, (print name) _____ have read and agree to the Patient Financial Responsibilities and Policies. I agree to pay at the time of service. I further agree to pay all reasonable costs and late fees should my account be turned over to collections.

Patient's or Responsible Party's Signature

Date

Witness Signature

Date