

CLIFTON COMPREHENSIVE MEDICAL CENTER

960 Paulison Avenue

Clifton NJ 07011

973-773-7713

Financial Policy

In order to better serve you, please read and familiarize yourself with our financial policies so future billing misunderstandings can be avoided. If you have any questions, please do not hesitate to speak with our billing office at the number listed above.

1. If we are out-of-network with your insurance, we will provide you with all the necessary documents for reimbursement.
2. We have a return check fee of \$30.00.
3. We will provide an itemized statement of all services provided.
4. At any time if you do not understand your statement, we shall provide, in plain language, a written explanation of the charges for services or supplies previously made on a bill or statement.
5. We will refund you within 30 days after the date the facility determines an overpayment has been made. Therefore, if you are aware of any overpayment, please feel free to contact our billing office at the number listed above.
6. Co-pays, co-insurance and deductibles are due at the time of the visit.
7. Methods of payment include: cash, check, credit card.
8. Each insurance company has different contracts regarding group and individual coverage for Well Exam benefits. If your policy does not cover all of the tests or services performed during your well-care visit, you may be responsible for those additional charges.
9. Our doctors are on call after hours, 7 days a week and on holidays. Should you call after hours for **non-emergent** care, we will be happy to help you; however, there may be a \$25 charge for each call. If your policy does not cover this service, you may be responsible for the charge.

Print Patient Name:	Date:
Signature of Acknowledging Party:	Date: