



FAMILY MEDICINE · URGENT CARE
PEDIATRICS · PHYSICAL THERAPY + SPORTS MEDICINE · COSMETIC SERVICES

Patient First Name: _____ **Date of Birth:** _____
Patient Last Name: _____ **Gender:** _____
Address: _____ **Home Phone:** _____

PATIENT FINANCIAL POLICY AGREEMENT

- I will present proof of identity and Insurance coverage at every visit.
- I understand it is my responsibility to be educated with the benefits and limitations of my Insurance policy.
- I understand my insurance policy is a contract between me and my insurance company. In the event they do not pay for services rendered to me which may include vaccinations, injections, and durable medical goods I am financially responsible for payment for those services.
- I understand that my account may be sent to a professional collection agency if payment is not rendered within 90 days from the billing date and in that event my relationship with High Mountain Health may be terminated.
- I understand that if I disagree with any charges or would like to request an adjustment be made on my invoice or claim, I must contact the billing office in writing within 30 days of the billing date.
- I understand that it is my responsibility to provide High Mountain Health with any information necessary to be paid for services rendered to me or anyone covered under my insurance policy or I will be responsible and will pay the balance in full.
- I understand, if I do not have proof of insurance, a deposit will be collected at registration and if there is a remaining balance it will be collected at the conclusion of the visit.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Print Name: _____

Signature of Patient or Responsible Party: _____ **Date:** _____

Wayne
246 Hamburg Tpk
Ph: 973.389.1800
Fax: 973.636.2734

Wayne
468 Parish Drive
Ph: 973.305.8300
Fax: 973.305.8157

North Haledon
535 High Mountain Rd
Ph: 973.636.9000
Fax: 973.636.0913

Oakland
19 Yawpo Ave
Ph: 201.337.3412
Fax: 201.337.3353

Little Falls
83 Long Hill Rd
Ph: 973.785.2440
Fax: 973.785.0141