



Office Hours

8:30 am to 5:00 pm
Monday – Thursday

8:30 to Noon
Friday

Appointments within 48 hours

www.drmatfamilypractice.com

262-898-8700

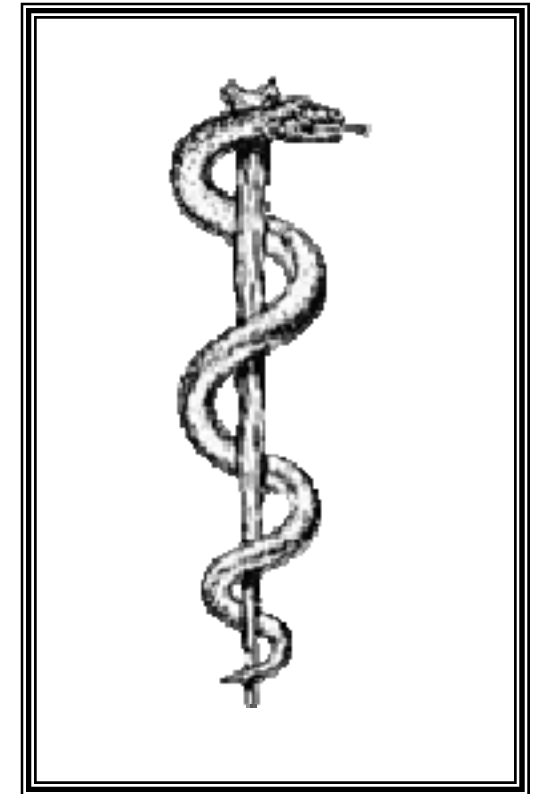
James D. Mataczynski, M.D., S.C.

Dr. Mataczynski, a native of Superior, Wisconsin, earned his Bachelor of Science degree in biology from UW-Superior before beginning his study of medicine in the early 1980s at the Jagiellonian University in Krakow, Poland and the Medical Academy at Wroclaw, Poland. He completed his medical degree at Creighton University in Nebraska and joined his father's medical practice in Superior in 1990.

Dr. Mataczynski has lived and worked in Racine, Wisconsin since 1999. He is a diplomate of the American Board of Family Practice and a member of the American Academy of Family Physicians, the Wisconsin State Medical and Racine County Medical Societies.

James Mataczynski Family Practice clinic has served Racine since April, 2004, offering a full range of medical services for the entire family. The clinic was founded on the principle that patient care is best delivered by a physician free to devote the necessary time to assess and treat every individual.

Payment Policy Guide



1829 South Green Bay Road • Suite #102
Racine, Wisconsin 53406
www.drmatfamilypractice.com

262-898-8700



Payment Policy

Dr. Mataczynski's practice appreciates that you have chosen us as your primary medical care provider. We are committed to providing you with quality and affordable health care. This brochure was developed to apprise you of the answers to frequently asked questions regarding our payment and insurance policies.

Insurance

We participate in most insurance plans, including Medicare. If you are uninsured or your plan is not one with which we are affiliated, we will devise a customized plan for your account. Ultimately, you are responsible for knowing your insurance benefits and for communicating questions about your coverage directly with your insurer.

Co-Payments and Deductibles

All co-payments and deductibles are due at the time of service, in compliance with the contract between you and your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us to uphold the law by paying your co-payment or deductible at the time of your visit. In addition, any forms submitted to the physician that require completion after an appointment may be subject to a fee.

Non-Covered Services

Please be aware that some (and perhaps all) of the services that you receive may be deemed non-covered or not medically reasonable or necessary by Medicare or other insurers. We prefer that such services be paid in full at the time of the visit. However, if financial hardship makes payment at the time of service impossible, other arrangements can be made.

Proof of Insurance

All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your:

- Driver's License/State ID Card
- Insurance Card

for proof of insurance. If this information is not provided to us in a timely manner, you may be responsible for the balance of a claim.

Claims Submission

We will submit your claims and assist you in any way that we reasonably can in the claim process. Your insurance company may need you to supply additional information directly. It is your responsibility to comply with such requests. Please be aware that you are liable for the balance of your account, whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

Coverage Changes

If your insurance coverage changes, please notify us prior to your next visit. This will enable us to make any necessary changes to ensure that you receive your maximum benefit. If your insurance company does not pay your claim in 60 days, the balance will automatically be billed to you.

Non-Payment

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, we will only be available to treat you on an emergency basis.

Missed Appointments

Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for the region.