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Notice of Payment and Provider Status

Payment for services is due at the point of care. Please acknowledge that you fully understand that you and/or you legal guardian are totally responsible for payment in full to Restoration Orthopaedics if there is a question that your health insurance carrier might not pay for the services rendered due to the fact that this condition may be related to a motor vehicle accident or work injury.

Please be advised that Restoration Orthopaedics is an out of network providers' office. Your medical insurance may be sending you a check for services rendered that belongs to the doctor(s). Once you receive a check from your insurance, you must endorse it to Restoration Orthopaedics and mail or bring it to the office.

By signing this form I acknowledge the statements to be true.

Patient Signature: _____

Printed Name: _____

Date: _____