



FINANCIAL POLICY AGREEMENT

CNY Family Care is pleased you have chosen our practice for your medical care. Please read our financial policies below.

Our relationship is with you, the patient, not your insurance company. Care will be administered to you based on what our providers feel is medically necessary, not according to what is covered under your health insurance policy. Because there are numerous insurance companies that have many product lines, it is the patient's responsibility to know the benefits/coverage, requirements for prior-authorizations and referrals, and other plan specific requirements of their health insurance plan. Any questions regarding coverage and/or payments of claims should be addressed directly to your insurance company. This can be an overwhelming process. If at any time you need help, we would be glad to assist you. Ultimately, it is your responsibility to work with your insurance company to resolve your questions.

Method of Payments

We accept cash, checks, Master Card, Visa, Discover and American Express. There will be a \$20.00 returned check fee for any returned checks. A receipt will be given to all patients who have made a payment.

New Patients

NOTE We do not see a new patient for a Physical Exam. This would need to be scheduled after your initial new patient visit.

New patients must present at least one source of a valid picture ID. We will ask all patients to allow us to take a photograph of them so that we can do the utmost to protect their identity and insurance benefits on future visits.

You are required to bring in a valid insurance card. If you present with an insurance we do not participate with, and that plan does not have out of network benefits, we will not be able to see you. You will have to get care from a participating in network provider that accepts your insurance. It is your responsibility to make sure that our providers are in network with your insurance plan prior to your first visit. Most insurance plans require you to seek care from a provider your insurance has a contract with.

Self-Pay Patients

We will not accept any patients to be self-pay with active valid insurance coverage unless you are choosing that we do not bill your insurance for a specific date of service.

If you do not have insurance, or choose that we do not bill your insurance, you will be required to sign an acknowledgement of self-pay status at each visit when you request to be self-pay. This is a contract between you and CNY Family Care, LLP where you accept full responsibility of the costs of your visit.

Payment for self-pay services provided in the physician's office require a \$100.00 deposit at the time of check-in. We will send a statement for the remaining balance. A 15% discount will be applied to your remaining statement balance if you are paying your balance in full (**you will need to call the billing office to get this discount**). If you are setting up a payment plan this discount will not apply.

Patients with Insurance

Please bring your insurance card to each visit so that our office staff can verify eligibility. Patients who do not have their insurance card at the time of the visit will be billed directly. (Unless insurance can be verified for eligibility and payment on the date of service)

Insurance Changes

It is your responsibility to inform our staff of any and all insurance changes. If you have changed insurances, you must provide a copy of your new card. Failure to disclose this information may result in a billing to you.

Loss of Insurance Coverage

In the event that you lose your insurance, you must notify the billing office immediately. If your insurance is not valid at the time of service, you will be required to self-pay for services. (See self-pay patient information)

Co-Payments

Co-payments will be collected at the time of service. If you do not pay your co-payment at the time of service, we have the right to deny your visit. Under some insurance policies more than one co-payment may apply. We will bill you for any other co-payment that is due. This is between you and your insurance. If you have questions you will need to call your insurance.

Charges Incurred Outside of our Office

If your visit includes any radiology testing, lab tests, biopsies, pap smears, cultures or any professional services that we do not perform, you will receive separate billing from the company performing the processing and evaluation of those tests. It may take some weeks to receive those bills. Any questions related to these bills cannot be answered by this office and will need to be directed to the billing entity. If you need to have your labs or any testing sent to a specific laboratory or radiology center, you must notify our office before a test is performed.

Workers Compensation

If this is your first workers compensation visit, you MUST bring a copy of the injury report filed with your employer, your employer's address and phone number, the supervisor's name, and your employer's compensation carrier, address, and phone number. If you cannot provide us with this information you will need to call your employer and get this information before you are seen for the day's appointment. No exceptions will be allowed as we are not able to bill your workers compensation claim unless we have this information. Please inform the check-in staff and your provider that your visit is due to a work-related injury. For more information on your responsibilities related to New York State Workers Compensation visit www.wcb.ny.gov.

Auto Accident Visits/Liability

Prior to your visit please inform the check-in staff that your visit is due to an auto related accident. Please give us all of your auto insurance carrier's information, the name, address and phone number and claim number. We will bill your auto carrier as a courtesy, but it is ultimately your responsibility to make sure that your bill is paid. We will bill you if payment is not received from your auto insurance carrier.

Delinquent Accounts

Please understand we reserve the right to report delinquent accounts to a collection agency after all reasonable efforts have been exhausted to obtain payment.

Accounts that are delinquent for more than 60 days, and have not made a payment, are subject to interest charges of 1.5% per month.

Accounts that are delinquent for more than 120 days, and have not made payments, will continue to get the 1.5% interest added to the account. Additionally, at the sole discretion of the physician, the patient may be discharged from the practice. A letter will be sent notifying the patient of discharge. If a patient has been discharged from the practice, they will be given thirty (30) days' notice. During those thirty (30) days they may request emergent medical services only at our practice; routine and preventive services will not be authorized. After the 30 days the patient will need to seek medical treatment by another practice/provider. Discharged patients will still be financially responsible for their account balances with The Collection Agency. The Collection Agency will report the account to the Credit Bureau.

Evening and Weekend hours

We charge a \$25.00 charge for after hour appointments. This is for appointments from 5:00 PM to 9:00 PM and all-day Saturday and Sunday. If your insurance does not cover this, you will be responsible for this charge. This is a valid charge and most insurances will pay a portion of this fee.

Discharge policy

CNY Family Care tries very hard to work with all types of patients and their family needs. There are times we are faced with discharging a patient. The following are some reasons why you may be discharged:

If you call and make a new patient appointment and no show 2 times you will not be rescheduled; you will not be allowed to join our practice.

If you no show (without cancellations) more than 3 times you may be discharged.

If you treat our staff inappropriately (yelling, swearing, name calling, etc.) you may be discharged.

If you have a balance that is more than 90 days overdue after your insurance has paid, and you have not set up a payment plan with repeating payments, you may be discharged. Your payment is due upon receipt of your statement. Most situations can be resolved by calling our billing office. If you fail to contact our billing office and/or ignore your billing statements, your account will be considered for discharge.

If you fail to comply with your physician's recommendations, recommended age-related or condition-appropriate testing, or recommended consultation with other qualified professionals (specialists), you may be discharged for non-compliance.

Billing Questions

We are here Monday – Friday from 8:00AM to 5:00PM. If you have any further questions on this policy, please feel free to contact our billing office with any billing questions. Refer to the Contact Information Section listed below.

CNY Family Care Contact Information

Main Phone (315) 463-1600

Billing Department (315) 463-1600 Option #5

Patient Agreement

I acknowledge that I understand and agree to comply with the above CNY Family Care policies. I have also been provided the opportunity to ask questions to the content of this agreement and have been provided contact information for any future questions.

Patient Name: _____

DOB: _____

Signer's Printed Name: _____

Signer's Signature: _____

Date: _____

Signer's Relationship to Patient:

- Self
- Mother
- Father
- Legal Guardian
- Court Appointed Guardian
- Health Care Proxy
- Power of Attorney
- Other: