



FINANCIAL POLICY AGREEMENT

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

CNY Family Care participates with multiple insurance companies for the benefit of our patients. Our priority is the relationship we have with the patient. Regardless of an insurance company's financial determination, authorization or approval, our Physicians, Nurse Practitioners, and Physician Assistants will always do what is clinically appropriate. Because there are numerous insurance companies with multiple plans and products it is the patient's responsibility to be familiar with 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. If at any time you need help, we would be glad to assist you. We encourage our patients to take the initiative with their health insurance carrier to avoid any surprises or misconceptions about coverage and / or reimbursement.

Method of Payments

Please be prepared to present your insurance card to the receptionist at each visit to the practice. Presentation of your insurance card is your access to the benefits provided by your health insurance plan. It is your method of payment.

Because of authorization and referral requirements, CNY Family Care does not provide a self-pay option for patients that have insurance with which we do not participate. Unfortunately, those patients will have to seek care elsewhere.

For self-pay patients, we accept cash, checks, Master Card, Visa, Discover and American Express. We reserve the right to charge \$20.00 in the event of a returned check. A receipt will be given to all patients who have made a payment.

New Patients

We require that all new patients participate in the new patient onboarding process with CNY Family Care. This involves establishing a portal account, completing medical history, and then scheduling your appointment.

PLEASE NOTE: In most cases, we do not conduct a Physical exam or Preventive visit on the first appointment for new patients. This may be determined by the physician at the time of the visit and the decision involves the patients age, health status, etc. **If you wish to have a preventative visit, please indicate this when scheduling your appointment.**

New patients must present at least one source of acceptable picture ID. We photograph all patients of the practice to assist in protecting patient identity.

Self-Pay Patients

Since we are extending credit for a portion of your bill, self-pay patients are required to complete and sign a self-pay agreement.

For self-pay patients, we ask for a \$100.00 deposit upon checking in. The deposit is collected because at that point, we do not know what services will be provided during the visit. After the visit, we will send a statement for the remaining balance. A 15% discount will be applied to your remaining statement balance if you pay your

balance in full (please call the billing office to get the amount of this discount). If you are setting up a payment plan this discount does not apply.

In some instances, patients may choose not to bill their insurance for services provided (for privacy purposes). If you choose not to bill your insurance, you will be required to sign an acknowledgement of self-pay status at each visit. In addition, patients are responsible to inform us if they do not wish to bill their insurance for services, at each visit applicable.

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

Please notify us right away if for some reason you lose your insurance. We can assist by setting up payment plans and we will work with you if you keep us informed.

Co-Payments

Co-payments will be collected at the time of service. Sometimes more than one co-payment may apply. We will bill you for any other co-payment that is due. Even if you are enrolled in a payment plan for a past due balance, copayments are still due at the time of service and are not included in your monthly payment plan amount.

Payment Plans

We offer monthly automatic recurring payment plans for eligible patients. Please note the following terms:

- **Eligibility:** Payment plans are only available for account balances of \$150 or greater.
- **Auto-Pay Schedule:** Payments are processed automatically on the first Friday of each month. If that date falls on a recognized holiday, the payment will be processed on the next business day.
- **Card on File Requirement:** A valid credit card must be stored securely on file to participate in a recurring plan. Patients who cannot provide a credit card to be stored on file are ineligible for monthly payment plans.
- **Maintenance:** It is the patient's responsibility to provide valid card information and to notify the office promptly if their card information changes or a new card is issued.
- **Additional Charges:** If you incur new charges for future services while you are on a payment plan, and are unable to pay for those services in full within 30 days of the statement date, please contact our billing department proactively to establish a new recurring payment plan for the higher balance. While the practice may contact you to update your plan, it is the patient's responsibility to ensure their payment plan covers their total account balance. CNY Family Care will not automatically increase the amount charged to your card without a new payment agreement that you have authorized.
- **Declined Payments:** If your scheduled monthly payment is declined, you will no longer be eligible for a recurring payment plan. In this event, the full remaining balance on your account will be due immediately and must be paid in full within 30 days.

Delinquent Accounts

Statement balances are due in full within 30 days of the statement date. Payment is not deferred until your next appointment. Outstanding balances must be resolved prior to or independent of any future visits. Accounts that remain unpaid beyond 60 days may be subject to additional collection actions and could impact the scheduling of future appointments. If your statement balance is over \$150 and you cannot pay the balance in full, you must contact the billing department to set up a monthly recurring payment plan. Payment plans are not available for balances under \$150.

Please understand we reserve the right to report delinquent accounts to a collection agency after we have attempted to obtain payment.

Accounts that are delinquent for more than 60 days will be charged interest of 1.5% per month.

Accounts that are delinquent for more than 120 days, and have not made payment arrangements or contacted us, may be discharged from the practice.

Charges Incurred Outside of our Office

Ancillary testing is available in our building and may be performed at the time of your visit with CNY Family Care. If your visit includes any radiology testing, lab tests, biopsies, pap smears, cultures or any professional services that are performed by another practice or entity, the performing entity (CNY Diagnostic Imaging for example) will have their own billing policies. They will bill you separately from CNY Family Care. Please address any billing issues related to those other entities directly to them.

Workers Compensation

CNY Family Care no longer accepts Workers Compensation - CNY Family Care has disenrolled from NYS workers compensation and we are unable to treat patients for work-related injuries. (Effective 1/1/22)

It is the patient's responsibility to report work related injuries to our staff at the earliest possible opportunity. Because CNY Family Care has disenrolled from the NYS workers compensation program we are unable to bill for, or send referrals for, work related claims. Failure to report the status of a work-related injury will result in delays in, adjudication of referrals, procedures, and payments.

We are unable to bill claims that are work related to your health insurance carrier.

To find providers or information related to NYS Workers Compensation you may go the following website: www.wcb.ny.gov. Or call 877-632-4996.

Auto Accident Visits/Liability

Prior to your visit, please inform the phone staff and / or the check-in staff that your visit is due to an auto related accident. Please give us 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 you are responsible for payment.

Evening and Weekend hours

CNY Family Care charges \$25.00 for after hours appointments. This includes appointments from 5:00 PM to 9:00 PM and any Saturday and Sunday appointments. If your insurance does not cover this, you will be responsible for this charge. Many insurances do cover this charge, due to the value of the service.

Missed appointments

If a patient fails to keep an appointment and does not contact the office, this is defined as a "No-Show"

Generally, a new patient that no shows their initial appointment will not be rescheduled and will not be allowed to join the practice.

Generally, if a patient "No-Shows" more than two times during a 12-month period, they will be discharged from the practice.

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 Authorization
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.

Assignment of Benefits:

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled, to CNY Family Care, LLP. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance, and any other health / medical plan to issue payments directly to CNY Family Care, LLP for medical services rendered to myself and / or my dependents. I understand that I am personally financially responsible for any amounts not covered by insurance. This assignment shall remain in place until I revoke it.