

# HUDSON VALLEY PRIMARY CARE

## OFFICE FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and sign the last page of this policy. If you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and be prepared to present your current insurance card at every visit. Please let the front desk know if there are any changes to your information. (If we receive returned mail because we do not have the correct address when patient statements are sent, we cannot be paid and our only recourse is to place the account with a collection agency.) You will be asked to sign and date the fee ticket with the patient data information and insurance information that we have on file. This is your verification of the correct information and consent to bill charges on your behalf. If the insurance information that you have given us is incorrect, **YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.**
2. If your insurance requires naming of a PCP, make sure you have listed us as your PCP. Failure to do so may result in a denied claim for which you will be responsible or a larger copay required by the insurance.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
4. We will no longer be submitting claims to secondary insurances; therefore, all copays, deductibles and coinsurances must be paid at the time of the visit. We will be happy to provide you with a bill showing what you've paid so you can submit to your secondary insurance. You can also request a copy of your EOB if your insurance does not provide one to you.
5. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.
6. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. We will provide you with a bill to submit to your insurance.
7. If you have no insurance, payment for an office visit is to be paid at the time of the visit. We offer a 10% discount for payment in full when there is no insurance.
8. Co-payments are due at the time of service. A \$25 late fee will be charged in addition to your co-payment or coinsurance if it is not paid at the time of service or by the end of the business day. The accompanying parent or adult is responsible for any patient payment due at the time of service. If a child under 18 comes in to be seen without an adult, any patient responsibility is still expected. We are not bound by any divorce decree or other family relationship contract. We will provide a receipt to anyone who requests it.
9. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your statement. If you are experiencing ongoing financial hardship, we encourage you to talk with our billing dept. so that we can work together establish acceptable payment arrangements. If previous arrangements have not been made with our billing dept., any account balance outstanding greater than 90 days with no monthly payments made will be forwarded to a collection agency. Accounts placed with a collection agency will incur a collection fee of up to \$50.00. If an account is placed into intensive collection activity and we have not received any payment toward an overdue balance, you will receive a letter stating that we will continue to see family members on an emergency basis only for the next 30 days giving you time to find a new source of medical care.

10. If a patient files for bankruptcy, and they include debt owed to us in their filing, they will be discharged from the practice. We much prefer to work out acceptable payment arrangements and continue to provide care for you and your family so please talk to us before filing.
11. Patients are expected to keep track of all future appointments. Missed appointments without prior cancellation will result in a NO SHOW fee of \$45.00 for a well physical appt., \$35.00 for any other type of appt.
12. A \$20 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
13. We will provide one completed school physical form free of charge per year. The following requested forms will be assessed a \$5.00 charge: sports or camp forms, disability forms, copies of patient receipts for tax purposes.
14. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must approve referrals before being issued.
15. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment of those charges.
16. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility. These may include: charges for evening appointments, after hours/weekend/holiday fees, telephone encounters, and child developmental screenings.
17. If your appointment is for a work related injury, you must contact your employer and inform them of your injury. We will require information from you so that we can bill the appropriate Workers' Compensation carrier in a timely manner. We will need the Worker's Comp claim number and compensation carrier name and address. Failure to provide this information at the time of service may result in a denied claim and you will then be responsible for payment.
18. Appointments related to an automobile accident are considered no-fault. Payment for these visits is expected from the patient at the time of service. We will provide you with a bill and receipt to submit to your automobile insurance carrier.
19. If, during a patient visit, the provider makes a decision to administer an immunization or an injectable drug, to which the patient consents, then later refuses it after it's been drawn up by the medical assistant, the patient will be expected to pay for the wasted injection that had to be disposed of if it can't be used within the 24 hour shelf life.

THIS POLICY IS SUBJECT TO CHANGE WITHOUT NOTICE