

## **FINANCIAL POLICY**

We know that choosing a physician is a very important decision and we thank you for choosing our office. Please carefully read this overview of our financial policies.

Insurance companies and employers are shifting more and more of the costs to patients. Our practice must guarantee the payment of the patient portion to be able to stay in business and continue to provide high quality care.

To guarantee payment, we are implementing a HealthePay (HEP). Patients are able to pay in advance for future expenses via a cash or check. More conveniently we offer patients the option of automatically paying after the insurance company has processed their claims. This is accomplished via a “credit card on file”. Please see our HEP Overview for more information.

- 1) Co-Pays, Deductibles and Co-Insurance are due at the time each professional service is rendered. There will be an additional billing fee of \$10.00 if not paid at time of service. Our office accepts payment in the form of Cash, Check, Money Order, MasterCard, Visa and Discover.
- 2) To avoid the \$10.00 billing fee, patients should enroll in HEP. This authorizes our practice to charge your account for the balance due. Charges will appear as “Physician Business Solutions” which is our billing service/department.
- 3) Co-pays are not collected at the time of service for procedures done outside of our office. Your insurance will be billed, and if a co-pays, deductibles or co-insurance applies, you will be billed. There is no billing fee added for non-payment of co-pays, deductibles or co-insurance at the time of procedure.
- 4) We reserve the right to charge for missed appointments or cancellations without 24 hours notice. The charge can be up to our usual fee for that appointment and determined by the physician.

This policy is aimed at minimizing the waiting time and ensuring availability of prompt medical care. We recognize the fact that there may be circumstances which may not permit you to give us 24 hours prior notice but such circumstances are exceptional and extremely infrequent and shall be considered on a case to case basis.

- 5) You must be informed of and understand the details of your health insurance coverage and fulfill any associated requirements (e.g., pre-certification, obtaining referrals, providing information regarding pre-existing conditions, etc.). Obtaining these is the responsibility of the patient prior to the visit or the patient will be responsible for the total amount due. It is also your responsibility to provide our office with all required information regarding your health insurance coverage. You must promptly respond to our requests for insurance information and notify us if there are any changes to your insurance information.
- 6) If we do not participate with your health insurance carrier, or if the services provided are not covered under your particular health insurance plan, then you are responsible for paying for all services.
- 7) There is a \$40.00 fee for all returned checks.
- 8) Balances that remain outstanding for a period of 90 days or more may be referred to a collection agency or attorneys' office. If an account is sent to collection, all collection fees and attorney fees will be added to the balance due. Additionally, patients may be dismissed from the practice as per legally accepted protocols.
- 9) Any questions regarding billing issues or your account with us can be directed to our billing service/department, Physician Business Solutions at: 585-385-9045 or 800-724-8218. The billing office is available Monday through Friday 9am to 4pm.

**By signing below, patient or responsible party acknowledges that he or she has read and understood the foregoing Financial Policy and agrees to be bound by the terms and conditions set forth therein, and authorizes the practice to charge their credit card for any outstanding balance.**

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**Signature of Patient or Responsible Party**

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**Print Name of Patient and Responsible Party (if any)**

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**Date**