

Financial Policy

Insurance cards must be presented at each visit.

It is your responsibility as the insurance holder to know your insurance benefits. 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.

According to your insurance plan, you are responsible for all copayments, deductibles, and coinsurances, at the time services are rendered.

If our providers do not participate in your insurance plan or you have no insurance, payment in full is to be paid at the time of visit.

Medical record requests are charged 75 cents a page in accordance with New York State law.

There is a \$55.00 fee for all returned checks.

Any changes in address, employment status, or phone number must be communicated to the staff at time of check in.

Patient responsibility balances over 90 - 120 days will be sent to a collection agency and patient will be discharged from care.

All current and prior patient balances including copayments, coinsurance and deductibles are due at time of service. Services will not be performed unless payment is collected.

Insurance policies are an agreement between an insurance carrier and the patient. **This office will not bill Medicaid secondary to any commercial insurance.** Our office will prepare any necessary forms to assist submitting claims to your insurance company, and that any amount authorized to be paid directly to this office, will be. However, all services rendered to the patient are charged directly to them and they will be personally responsible for payment

If patient terminates or suspends care and treatment, any fees will be immediately due and payable. In the event that any account balance is referred to an agency or attorneys for collection purposes, the patient will be responsible for any reasonable attorney's fees and/or any expenses relating to the collection proceeding, including court costs.