

UPSTATE CARDIOLOGY - FINANCIAL POLICY

Thank you for choosing Upstate Cardiology for your cardiovascular needs. The patient financial policy was developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of and compliance with our patient financial policy is important. Please read the policy below and feel free to ask the staff any questions you may have regarding this policy and sign where indicated. The financial policy you sign today will become part of your medical record and the original will be yours to keep.

- **Proof of Insurance:** All patients must complete our patient information sheet before seeing one of our physicians. Upstate Cardiology participates with most insurance plans, including Medicare. We also participate with most Medicare Advantage Plans and Medicaid plans. It is very important that we have a current up-to-date copy of your insurance card(s).
- **Update Change of Information & Insurance Coverage:** We will ask you to update this yearly or whenever you have a change in address, employment, insurance, etc. However, it is the responsibility of the patient to make us aware of these changes and if you fail to provide us with the correct information, you will be responsible for the cost of services rendered. It is important that together we make sure that your information is accurate and up to date.
- **Co-Payments, Deductibles & Co-Insurance:** We expect all co-payments, deductibles and co-insurance to be paid at the time of service unless other arrangements are made in advance. In addition, each time you come to our facility, you will be asked to pay balances on past due accounts and on current balance owed.
- **Referrals:** Some insurance plans require a referral from your primary care physician to obtain services from a specialist, such as a cardiologist. We will work with you and your primary care physician to obtain the needed referral.
- **Authorizations:** Obtaining prior authorization for services is not a guarantee of payment of benefits. A prior authorization means that the information given at the time meets the medical necessity for the service, but not a guarantee of payment.
- **Claim Submissions:** The staff of Upstate Cardiology knows how difficult it is to understand the claims filing process therefore; we file all claims including secondary claims for all of our patients. Your insurance plan may request information directly from you if so we ask that you submit this to them as soon as you can. Your failure to timely comply with your insurance plan's request may result in your claim denial. We want to make this process as easy as possible for our patients.
- **Self-Pay:** If you do not have valid health care coverage, you will be considered a self-pay patient. Payment in full is expected at time of service unless prior arrangements have been made with our financial counselor. Payment plans are available upon consultation with one of our financial counselors.

- **Past Due Accounts:** If your account becomes over 60 days past due, you will receive a letter indicating that you have 15 days to pay your account in full. Partial payments will not be accepted unless you have contacted our office and have made other arrangements. Please be aware that if a balance remains unpaid, we will turn your account over to a collection agency after the 90th day past due.
- **Payment Methods:** We accept cash, personal checks, money orders, cashiers check, MasterCard, Visa, American Express and Discover cards as payment for services rendered.
- **Returned Check Policy:** A returned check fee of \$25.00 will be added to your account for every check returned for insufficient funds, stopped payment or closed accounts. After the second occurrence, only cash, money orders, cashiers check, or credit card payment will be accepted.
- **Disability Forms:** A fee of \$15.00 is charged to complete disability or medical forms. You are asked to complete the patient portion of the form and submit them to our office as soon as possible. Please allow one to two weeks for completion of the forms.
- **Financial Hardship:** Our Mission of providing twenty-first century cardiovascular science and technology with timeless compassion and care prompts us to provide care to our patients regardless of their ability to pay. This means that we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. The patient will be asked to provide documentation and a full explanation of extenuating circumstances regarding their financial hardship. Extenuating and/or special circumstances will not include patients that have over extended themselves financially. A patient who has the ability to pay and has not been formally determined to be in financial hardship is expected to pay at the time of service and maintain no outstanding balance.
- **No Show Policy:** If you miss three appointments without canceling or rescheduling your appointment in advance, you may be dismissed from our practice at the discretion of your physician.

Patient Authorization

I hereby authorize the office of Upstate Cardiology to release any information in the course of my examination or treatment for insurance and collection purposes, and hereby authorize payment directly to them for any surgical and/or medical treatments.

I have read and understand the financial policy and agree to abide by its guidelines.

Patient's Name: _____

Responsible Party

(If not the patient): _____

Signature of Patient or Responsible Party

Date Signed