

# 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. If you are covered by two commercial insurances that we participate with, we will submit claims to secondary insurances; but any copays for the primary insurance must be paid at the time of the visit. (For patients with Medicare or Medicaid, we will submit to secondary) insurance.
5. It is your responsibility to understand your benefit plan. It is your responsibility to know what services are covered. If a service is not covered and your policy processes it to patient responsibility, then you will be billed. (IE: audio or vision screenings)
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 to 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 24 hour prior cancellation will result in a NO SHOW fee of \$75.00 for a well physical appt., \$50.00 for any other type of appt. If the patient calls on the same day to cancel their appointment without rescheduling, they will incur a \$50.00 same day/cancellation fee.
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 preventive 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. As of January 1, 2018, we will no longer be participating with Worker's Compensation. Any patient who has a work related injury will need to go to [wcb.ny.gov](http://wcb.ny.gov) and click on "Workers", then go to the "find a doctor" tab to find a participating provider that treats WC injuries in the area. Failure to inform us of a work-related injury will result in your being responsible for payment in full of your claim and we are not allowed to submit any paperwork to the WC Board on your behalf. Anyone already being seen for a WC case that was started in 2017 can still be seen.
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. We do charge you the no-fault rates so you should be reimbursed the same amount.
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

ACCT #

I have read and understand the HVPC Financial Policy. I understand that if I do not abide by HVPC's policy, I may be discharged from the practice.

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Name of Patient (Please Print)

Date

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Patient Signature (18 yrs & older)

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Parent or Guardian (Please Print)

Signature of Parent or Guardian (under 18)