

ADVANCED OB-GYN PLLC

Financial Policy

**Commercial Insurance:** You will be responsible for Copayments at the time of each visit, Coinsurance and /or Deductible which applies to any service provided.

**Non-Participating Insurance:** If we do not participate with your insurance carrier, you will be responsible for full Payment of charges incurred. We will submit your charges to your insurance carrier on your behalf as a courtesy. You will then receive a billing statement from our office. You will be responsible for follow up to your insurance carrier regarding any unpaid claims or a claim appeal.

**HMO's/Managed Care/POS Plans:** You will be responsible for paying Copay's at the time of service. You will be responsible for obtaining any referral/authorization your plan may require. If you fail to obtain any necessary referral/authorization you will be responsible for the entire payment as per your agreement with your insurance carrier.

**Medicare:** You will be responsible for your Deductible each year and any coinsurance. You will be asked to sign a Medicare Advance Beneficiary Notice (ABN) for Annual Well Women Exam, Breast and Pelvic Exam and Pap smear.

**Medicaid:** You must present your most current NYS Medicaid card at each visit, so that an authorization and Verification of benefits can be obtained.

**Self Pay Patient:** If you are uninsured at the time of service you will be responsible for payment in full, unless prior payment arrangements are made with our billing department. Reasonable payment plan options are available with a credit/debt card.

**Surgical Patient (Financial Policy):** Prior Authorization for any inpatient or outpatient procedure will be obtained by our office and any patient financial responsibility will be discussed with you prior to your surgery.

**Minor Patients:** The patient(s) and/or guardian(s) will be responsible for providing current insurance information for the minor and/or payment in full including Copay and Deductibles.

There is a \$30.00 return check fee.

Any questions regarding our Financial Policy may be directed to our Billing Office at (315) 492-5449

We accept CASH, CHECK AND ALL MAJOR CREDIT/DEBT CARDS.

Please sign below that you have read our Financial Policy and bring with you to your appointment.

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name