

RESPONSIBILITY FOR PAYMENT OF SERVICES

The responsibility of payment for services provided to you by our Physicians is your responsibility.

** Some programs require that a specific facility be used for your x-rays, ultrasounds or blood tests.

** Some programs require pre-authorizations and/or referrals while others do not.

It is your responsibility to know and to advise us of your program's requirements in advance, each and every time we provide a service. We will do our best to comply with any reasonable requirements that your program may have.

For your convenience we do participate in a few insurance companies. If your insurance company requires a referral it is your responsibility to make sure you have a referral to cover today's visit and keep track of the number of visits allowed and the expiration date. Our office will try to remind you about the referral when we confirm your visit. Please note that if you do not have a referral for today's visit then you must pay for today's services.

As a courtesy our office will submit the claim to your insurance company. It is your responsibility to follow up with your insurance company to make sure the claim is paid. Insurance Coverage is an agreement between the insured and the insurance company. Payment for Services is always the patient's responsibility. We will ensure that the claim is mailed to the insurance company with the information you provided, the rest is up to you. If your plan has a yearly deductible, which has not been made yet, it is your responsibility to make payment in full. Co-pays are expected at time of visit. If you are part of a Union plan, reimbursement for services will be mailed directly to you. It is required that payment be made at the time of service.

Due to the number of patients needing appointments, we must request at least 48 hours advance notice when you need to cancel or reschedule your appointment. In addition, we reserve the right to charge you \$50.00 for any missed appointment with less than 24 hours notice.

If you have any billing questions, please call (845) 353-4344, Ext. 35, 34, 33, or 40.

I acknowledge and understand your "Payment For Service" policy.

Signature of Patient/Guardian

Date