

FINANCIAL POLICY

The mission of this practice is to provide high quality, attentive and individualized care delivered in a supportive and unhurried manner. To maintain this quality of service, it is not possible to accept the reduced rates that insurance carriers offer to in-network physicians. Thus, full payment for services is expected on the day that the service is rendered.

As a courtesy to you, we will assist you by electronically sending the claim to your insurance carrier, or as a paper claim if electronic claims are not accepted. If you prefer to do your own submissions, we advise that you submit your claims promptly because payment will be denied if not received in a “timely fashion”. The definition of timely filing can vary between insurance companies, but can be as short as 3 months. Regardless of the method of submission, we will give you a receipt that will have all of the necessary information required for you to obtain reimbursement from your insurance carrier. We strongly recommend that you keep track of your claims because we cannot be held responsible for any lack of payment on the part of the insurance company. If this office electronically submitted your claim and you have not received payment within 6 weeks, the administrator of this practice will be able to assist you.

The reimbursement checks will be sent directly to you. If the insurance company erroneously sends the check to us, the check will be voided and the insurance company will be notified to resend the check to you. Unfortunately, we cannot simply endorse the check and forward it to you as 1) the payments are oftentimes bundled with those of other patients, and 2) tax reporting issues.

At times, your insurance company will ask for a copy of your records or a Letter of Medical Necessity before issuing a reimbursement. We will perform these tasks for your benefit.

As this practice does not participate directly with Medicare, services provided to you in this office cannot be sent to Medicare for reimbursement. Lab work ordered at a Medicare participating facility will be covered by Medicare. We generally work with facilities that participate with Medicare.

For rare situations when insurance assignment will be accepted as full payment, the patient will remain responsible for the coinsurance and payments applied toward the deductible. Failure to collect coinsurance and deductibles is considered insurance fraud. If insurance assignment is accepted, the check will come to you. Please endorse the back of the check and send it to our office with the attached Explanation of Benefits (EOB) and any amounts due as the coinsurance or deductible. Please contact the office administrator for any questions.

We recognize that surgery is often unexpected and costly. We accept partial payment at the pre-op visit, and will establish a payment plan for the balance post-operatively. We will submit the charges to your insurance company on the day of the surgery. If you do not receive reimbursement from your insurance



carrier within 60 days of the surgery, please inform us so we can continue to work on your behalf to get you the insurance reimbursement that you deserve.

Prior to surgery, we will obtain the pre-certification, if necessary, from your insurance carrier. It is your responsibility to ensure that this has been completed. Please speak with the practice administrator at your pre-op visit.

Hospital Admissions or Emergency Room Visits are also unexpected and costly. Please notify your insurance carrier immediately if this has happened. We will submit the claim to your insurance carrier and bill you for the unpaid balance. If the payment is not received within 90 days of submission, we will bill you for the full amount. We will continue to work on your behalf to obtain the reimbursement that you deserve.

For In Vitro Fertilization (IVF), Donor Egg IVF (DER), Frozen Embryo Transfer (FET) and Assisted Reproductive Technologies, payment for the Phase 1 of any of these cycles is made to the practice at the start of the treatment cycle. Once the cycle is complete, we will submit the visits and codes to your insurance company and provide you with a statement. Please note that many insurance carriers do not cover IVF or infertility services. The laboratory component of the IVF process is performed by NYU Langone Fertility Center and payment should be made directly to them. They will obtain the pre-certification for their services, if necessary. It is your responsibility to confirm that this has been completed. If NYU does not participate directly with your insurance, they will not directly submit claims for you. It will be your responsibility to submit the necessary paperwork to your insurance company if they are not in-network with your insurance company. For any questions, please call NYU billing at 212.263.0041.

Appointment cancellations should be provided 48 hours in advance whenever possible. If a patient repeatedly cancels on the same day of her appointment, then a credit card will be needed to hold the appointment and \$75 will be charged for a same day cancellation.

There is an 18% annual finance charge for all accounts that are 90 days overdue.

If payment for services has been delayed past 120 days, the account will be turned over to a collection agency and your credit rating may be affected.

All payments can be made with cash, check, Mastercard, or VISA.

If there is anything that we can do to facilitate reimbursement by your insurance, please let us know.