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FINANCIAL POLICIES AND PROCEDURES

Welcome to our Practice! We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. Please be sure to tell us about any secondary or supplemental insurance you or your family may have.

This office participates with the following insurance plans:

Aetna US Healthcare

Blue Cross Blue Shield of Central New York*

Empire

CIGNA Managed Care

Fidelis (Medicare Advantage program)

GHI/Emblem Health

Great West

Magnacare

Fidelis (Not through the Healthcare Exchange)

Medicare

MVP

PHCS/Statewide

POMCO

RMSCO

Touchstone (Medicare)

United Healthcare*

Upstate Administrative Services (PPO)

*We do not par with Blue Cross Healthy NY A or B, UHC Americhoice. We are not taking new patients with Medicaid.

The above list is subject to change, so please ask our receptionist for clarification.

At the time of service, you will be responsible for all deductible, co-insurance and co-payment amounts. As a convenience to you, the WWP will ask you for a credit card account that we may charge any amounts that are your responsibility. This information will be kept in a secure location.

Referral forms may be required for physicians to provide service as consultants or specialists in some HMO plans. According to New York State, the HMO Direct Access Law, passed in January 1995, provides female patients who are members in HMO's licensed under Article 44 of the New York State Public Health Law, to seek out service from their gynecologist for 2 routine exams annually. Any services required as a result of those exams, and any acute gynecologic conditions should also be covered. *Please check with your HMO plan* to verify that they fall under this category. If there are any questions or concerns, do not hesitate to contact us. Please remember, if your HMO plan requires a written referral, it is your responsibility to obtain this referral. It is our pleasure to process claims for all insurance with which we participate.

For those insurance plans in which we *do not participate*, payment for service is due at the time the service is rendered, unless payment arrangements have been approved in advance by our staff. We accept cash, checks, credit & debit cards (Master Card/Visa/Discover/AMEX). It the responsibility of the patient to submit any non-participating claims to their carrier, and we will provide you with any necessary information for proper processing.

We will gladly answer any questions relating to your insurance. You must realize however that:

- Your insurance is a contract between you, your employer, and the insurance company. We are often not a party to that contract.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

Our practice is committed to providing the best treatment for our patients, and we charge what is appropriate based on geographic location, physician skill and expertise. You are responsible for payment regardless of any insurance company's arbitrary determination of *usual and customary* rates.

We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Returned checks are subject to an additional collection fee of \$25. In the event that your account is sent to collection, you agree to pay all related costs and expenses, including attorney's fees.

Your yearly preventive exam is provided by your insurance company to check things such as your pap, breast exam, mammogram and pelvic organs and help you address wellness issues. It does not include services rendered for additional complaints that need to be addressed, tested for and treated. These will be billed to your insurance as an additional problem, and you may be subject to an additional copay for these services. We also reserve the right to charge for renewing medications that we do not regularly prescribe at your yearly exam or that are not gynecologic in nature. If you need an extended telephone consultation because you can't schedule an appointment, a fee may be charged for this consultation. We do not charge for telephone calls to clarify questions on medications, treatment, possible side effects, or lab results. We appreciate your understanding of this policy.

If you have any questions about the above information, or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you. May we also advise you to keep a copy of these forms for your own personal records. Thank you for your time in carefully reviewing our office financial policy.

I have carefully read the above office policy, as well as understanding and agreeing to the terms and conditions of such.

PATIENT NAME (Please Print) _____

PATIENT SIGNATURE _____ DATE _____

Reminder: Please remember your insurance card at the time of your visit so that we may obtain a copy.
Return all necessary forms to our office PRIOR TO YOUR APPOINTMENT to avoid appointment delays.

INSURANCE INFORMATION

PRIMARY INSURANCE

Name: _____
Group #: _____
Policy #: _____
Policy Holder: _____
Relationship: _____
Policy Holder Date of Birth: _____
Policy Holder Social Security #: _____
Address Where Claims are Sent: _____

Does your primary insurance carrier require authorization for:
 Specialist Consultation In-Office Test/Procedures?

What is your annual deductible amount? \$ _____
Has your deductible been met this year? Yes No

What is your co-pay amount? \$ _____

Does your insurance have benefits for:

Well Woman Visit? Yes No
How often? Once per year Twice per year
Screening Pap smear? Yes No
How often? Once per year Twice per year

SECONDARY INSURANCE (If Applicable)

Name: _____
Group #: _____
Policy #: _____
Policy Holder: _____
Relationship: _____
Policy Holder Date of Birth: _____
Policy Holder Social Security #: _____
Address Where Claims are Sent: _____

I have answered the above information regarding my insurance information to the best of my knowledge, and have contacted my insurance company to assist me in those questions I was uncertain about.

Signature: _____

Date: _____