



- BRIGHTON OFFICE (585) 442-0150 Fax (585) 271-8704
- PERINTON OFFICE (585) 425-1650 Fax (585) 425-1805
- GREECE OFFICE (585) 225-5735 Fax (585) 225-0877
- CANANDAIGUA OFFICE (585) 396-7280 Fax (585) 396-5972

### Financial Policy

Healthcare benefits and coverage options have become increasingly complex. We have developed this financial policy to help you better understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to the cost of treatment.

Your health insurance policy is a contract between you and your health insurance company or your employer. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals. You should be knowledgeable of any deductibles, co-payments, and/or co-insurances. This applies to all payors regardless of whether or not our physicians participate. As a courtesy to you we will bill to all insurances plans whether or not we participate, however, if we do not participate your plan you may have reduced or no coverage benefits.

If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details of your benefits, out-of-pocket fees, coverage limits, and verify your physician is in network with your plan.

#### Insurance Coverage

Please provide us with your current insurance plan information at the time of each visit and notify us of any changes. We will request a copy of your insurance card to copy and keep on file for our records. If you have more than one insurance plan, we will submit claims to your primary and secondary insurance plans.

Our physicians participate with the following insurance plans: Aetna\*\*, Excellus Blue Choice\*\* and Blue Shield Plans, Child Health Plus^, Cigna\*\*, Family Health Plus^, Healthy NY^\*\*, Medicare, MVP Plans, TriCare, The Empire Plan, and United Healthcare. \*\*Plans may require a referral from your PCP to be in place prior to your appointment. ^Excellus and MVP

Our physicians do not participate with Medicaid. Our physicians do not take Worker's Compensation or Motor Vehicle Accident cases.

#### Co-payments/Co-insurances/Deductibles

You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service. If the charges are not known at check-out, you will be required to pay a deposit and will be billed for the balance.

#### Private Pay

You are listed as Private Pay if you are uninsured. If known at check-out, payment in full is expected. If the charges are not known at check-out, you will be required to pay a deposit and will be billed for the balance. Should you want an estimate of charges prior to your visit; our billing office will be able to provide these. Exact charges for consultations and office visits cannot be calculated until the physician has determined the level of service.

#### Payments

Payment is due at the time services are provided or upon receipt of a statement from our billing office. Unpaid balances are billed monthly. We accept payment in the form of cash, check, money order, or credit card (Discover, MasterCard or Visa). If more than two checks have been returned by the bank, we will no longer be able to accept checks. You may also choose to pay via our secure patient portal for free on www.aaair.info.

#### Collection Agency

If after 120 days either a payment or payment arrangement has not been made the account is referred to a collection agency. The collection agency charges a fee equal to 30% of the amount owed. This fee will be added to your balance. Once an account has been referred to the collection agency the account with us is considered terminated.

#### Non-Medical Fees

- Fee for charges not paid at time of service
- Fee for missed appointment (without 24 hr. notice)
- Fee for returned check

We know medical care can become expensive. If you have concerns about your ability to pay, you can contact us for help in managing your account.

If you have questions about these policies, feel free to call our billing office at (585) 442-0150 option 5 or the billing manger at (585) 461-6114.

I, \_\_\_\_\_ have read, understand, and agree to the terms stated above.  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_