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FINANCIAL POLICY

TO OUR PATIENTS:

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. We make efforts to keep our fees reasonable while at the same time covering the cost of the services we provide. Payment of your bill is considered part of your overall treatment. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE:

Payment is required at the time services are provided unless other arrangements have been made in advance. This includes applicable: coinsurance and copayments for participating insurance companies. SCHENECTADY PULMONARY AND CRITICAL CARE ASSOCIATES accepts cash, personal checks (in-state only), VISA, Master Card American Express and Discover. There is a service charge for returned checks.

Patients with an outstanding balance 60 days or more overdue must make arrangements for payment.

We realize that financial difficulty is a reality. In such circumstances, we are willing to work with you to set up reasonable monthly payments to eliminate your balance.

INSURANCE:

We bill participating insurance companies. You are expected to pay your deductible and copayments at the time of service. It is imperative that you provide the most recent copy of your insurance card at every visit. If we have incomplete or inaccurate insurance information payment will be delayed, and you are responsible to be sure all charges are paid whether by you or by your insurance carrier.

We will bill secondary insurance companies after receiving payment from the primary carrier.

The clinical summary document given to you at the time of service includes all information necessary for submitting claims to your insurance company or to your FSA account.

If you need assistance or have questions, please contact the Billing Department between 9:30 AM and 4:00 PM, Monday through Friday at 518-386-3691.

REFUNDS:

Patient/guarantor credits will automatically be refunded to the patient/guarantor.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who have been seen in the time set aside for you. Cancellations are requested 48 hours prior to the appointment. We reserve the right to charge \$50 for any missed or late-cancelled appointments. Sleep studies, which require a technician to be reserved for an entire evening, carry a missed appointment charge of \$200. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the SCHENECTADY PULMONARY AND CRITICAL CARE ASSOCIATES Financial Policy. I agree to assign insurance benefits to the SCHENECTADY PULMONARY AND CRITICAL CARE ASSOCIATES practice. I also understand that if it becomes necessary to forward my account to a collection agency, that I might be discharged from the practice.

Patient Name: _____ Date of Birth: _____

Signature of Patient/Authorized Representative: _____

Date: _____