

Endwell Family Physicians, LLP – Financial Policy

The providers and staff of Endwell Family Physicians, LLP, are dedicated to providing the best possible care for you. We want you to understand our financial policies so we can work together to keep down the cost of medical care. If you have questions regarding our financial policies, please contact our billing department at (607) 754-3863.

1. Full payment for services rendered is due at the time of each visit unless the practice has an arrangement to bill your insurance carrier. For your convenience, we accept cash, personal or bank checks, money orders, Visa, MasterCard, and Discover. Please contact the office to discuss payment arrangements if you are having difficulty paying your bill.
2. We maintain a credit card on file program. You may be asked to provide a current credit card to be securely stored for payment of charges due. EFP does not require you to have a credit card on file prior to rendering necessary medical services
3. Keep in mind that your insurance policy is a contract between you and your insurance company. We will be happy to assist you in resolving issues with your insurance company, but it is your responsibility to ensure payment of your charges in a timely fashion. If there is no resolution within a reasonable timeframe, we will look to you for payment.
4. We will gladly provide an estimate of possible charges from our office. However, we cannot always tell you in advance what your insurance plan will cover or how much your responsibility may be. Each insurance company has multiple plans that can vary with employer group contracts. Since your coverage is a contract between you and your insurance carrier, we expect you to be aware of services such as preventative exams, x-rays, lab work, or surgical procedures that may not be covered under your contract. If you need additional information to verify coverage, please contact our office for assistance.
5. If you are uninsured or tell us that you intend to pay for your visit in full without submitting the bill to your health insurance company, then we will provide you with a Good Faith Estimate in advance of your visit, if you have scheduled your visit ahead of time.

6. Please be aware that we do not establish care for new patients with New York State Medicaid program. However, we do participate with Managed Medicaid Insurance plans offered by most major insurance companies. It is your responsibility to ensure that you are covered for the day of your visit and are enrolled on a monthly basis. These insurance plans may require you to have your primary care provider's name listed on the card. You will be responsible for any charges for service rendered if your insurance coverage lapses.
7. At Check-In, we will ask for your insurance card at each and every visit so we bill the correct insurance for your services. You may be responsible for the charges for that visit until accurate insurance information is provided to the office. Co-payments or fees for non-covered services will be required at the time services are rendered. Where indicated by your insurance company, charges going toward your deductible may be collected at the time of service.
8. The parent, guardian, and/or adult accompanying a minor is responsible for providing current insurance information for the minor and for paying co-payments and fees for non-covered services at the time of service.
9. All accounts with unpaid balances over 60 days from the date billed will be assessed a \$15.00 finance charge.
10. "No showed" appointments represent a cost to you, to us, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. Any New Patient appointment not cancelled appropriately will be charged a \$100.00 no-show fee. Any established patient appointments not cancelled appropriately will be charged a \$50.00 no-show fee. Excessive abuse of scheduled appointments (no shows, chronic lateness, etc.) may result in discharge from the practice.
11. Patients who do not make reasonable progress toward resolving outstanding debt to the practice may be discharged from our practice. Furthermore, the practice may give the account to a debt collector to collect outstanding balances. Patients who are terminated from the practice will be given a 30 day notice during which emergency care will be provided; however, patients are still responsible for paying for any services rendered during this time.
12. Any returned checks will be charged a \$25.00 processing fee. After a returned check is received on an account, we reserve the right to only accept

cash or credit cards, or to ask you to maintain a current credit card on file, for future services rendered.

13. Credit card risk notification:

- a. Medical bills paid by credit card are no longer considered medical debt.
- b. By paying with a credit card, patients are forgoing federal and state protections around medical debt, including.
 - i. Prohibitions against wage garnishment and property liens
 - ii. Prohibition against reporting medical debt to credit bureaus
 - iii. Limitations on interest rates

14. Your insurance company or its business associates may request access to your medical records for quality assurance purposes. We will comply with such requests pursuant to contract and applicable law.

15. These terms may be amended by the practice from time to time.