



FINANCIAL RESPONSIBILITY FORM

INSURANCE COVERAGE

- It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and other limitations as well as authorization requirements. This information is furnished by your insurance carrier.
- We attempt to verify that your coverage is valid at the time of the visit. However, if your coverage is not in effect at the time of the visit, the financial responsibility for payment is yours.
- You are responsible to provide your primary coverage which is always the coverage belonging to the patient. The secondary would be that belonging to anyone other than the patient for which coverage includes the patient. If you provide us with the wrong insurance, you will be responsible for any denials.

INSURANCE CHANGES

If you have any changes in your insurance coverage, even if there is only a small change in the co-payment amount or a change in the expiration date of the policy-you must notify us. Even a small discrepancy on a claim form can lead to a claim denial and thus, you would be responsible for payment.

BALANCES, CO-PAYMENT, CO-INSURANCE AND DEDUCTIBLES

- Patient balances, co-insurance, plan deductibles and co-payments are features of most insurance plans. We are required by law to collect these fees from patients in all cases.
- Payment for outstanding patient balances are expected upon registration on the day of services.
- Co-payments are due at the time of the visit and the amount can be found on your insurance card.
- Deductibles are the patient's responsibility and will be due at the time of each visit. The deductible is determined by the contract you have with your insurance carrier. We do not know how much each person's deductible is or how much has been met at the time of your visit, however, the determined amount must be paid after the adjudication of the claim and before your next visit.

REFERRALS/AUTHORIZATIONS

It is your responsibility to obtain any initial referral or authorization, if required by your plan. We will try to help you to obtain subsequent pre-authorizations, if needed, for subsequent visits. In the end, you are responsible to make sure this happens. You can call us during business hours to find out the status of your pre-authorization.

NON-COVERED SERVICES

All patients are financially responsible for "non-covered" services, if denied by their insurance carrier. If an insurance company denies payment for services because a plan requirement has not been met, the plan benefits were exceeded, or they consider a procedure experimental, patients will be held accountable for those charges. The practice will not be responsible for claims incorrectly processed by insurance companies, nor can it mediate disputes between a patient and insurance carrier as to how patient claims are paid. Patients will be responsible to pay any balances assigned to them by their insurance company and will be required to work with them directly to resolve any processing disputes. NextGen reserves the right to bill patients directly for claims not paid by their insurance carriers within 30 days of submission as mandated by the NYS Prompt Payment Regulations.

SECOND SCAN NOTIFICATION

Insurance companies will often deny payment for scans performed at different facilities done on the same day, such as second opinion visits or visits at your doctors office that included an ultrasound. It is critical that patients advise our billing staff when they have had scans performed at other facilities so that we can assist them in complying with this requirement. Otherwise, patients will be responsible for payment denials based on undisclosed prior services.

NO SHOWS

Please phone our office as soon as you are aware that you will be canceling or postponing your appointment. If you phone our office after hours, please leave a message to cancel or reschedule and we will call you back on the next business day to confirm or reschedule. We require 24 hours' notice to cancel an appointment without incurring a "No-Show Charge" of \$75.00. "No Show Charges" are not covered by insurance and are due and payable prior to any future appointments. Patients who miss appointments because they have delivered are not charged a cancellation fee. Patients who are more than 15 minutes late for an appointment, may be asked to reschedule.

INSURANCE REQUESTS

You are responsible for responding to any request from the insurance company for further information. If insurance information is not complete, you will be responsible for payment.

INSURANCE PAYMENTS SENT TO YOU

- If insurance payments are sent directly to you, you are responsible for forwarding them to our office.
- We emphasize that as a medical care provider, our relationship is with you and not with your insurance company. It is your responsibility to know your policy and coverage.

Please sign below to indicate that you have read this notice, understand the information it contains, and that any questions you might have about this information have been answered. You may request a copy of this document for your personal records.

I have read and understand this financial responsibility form.

Patient's Name (Please Print)	Patient's Signature	Date
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