NYU Langone Health

Faculty Group Practice Financial Policies and Acknowledgement

Thank you for choosing NYU Langone Health for your healthcare. We appreciate that you have entrusted us with your medical needs and we are committed to providing you with the best service possible. Because 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 submitting your insurance claim for reimbursement. 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, pre-certifications, pre-authorizations, limits on outpatient charges, and any requirements for specific physicians, labs and/or hospitals to use. You should be knowledgeable of any deductibles, copayments, and/or coinsurance. This applies to all payors regardless of whether or not our physicians participate. If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of- pocket fees, and coverage limits.

Address Change
It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information.

Insurance Coverage
Please provide us with your current insurance plan information at the time of each scheduling and/or notify us of any changes. We will request a copy of your insurance card to keep on file. Please provide any required referrals or authorizations, in advance of your appointment or service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification. Our doctors participate with many insurance plans but participation differs by provider. You can see a list of plans that our physicians participate with on our website Find a Doctor(http://nyulangone.org/doctors). Before your appointment, please contact your insurance to be sure your doctor is in-network and the services are covered under your plan. You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service. If your doctor is out-of-network, you will be billed for the costs of care. NYU Langone Health, your treating physicians and their respective designees, will use and disclose your health information for all purposes necessary for treatment, payment and health care operations, including but not limited to release of information requested by your insurance company (or carrier) and any information necessary for discharge planning purposes. If you do not want a claim submitted, please let us know at any time. You will be required to pay for your services in advance. You will also be required to complete a separate form.

Missed Appointments
• Most office visits require a one-business day cancellation notice.
• Procedures and surgeries may require two-business days or more, please confirm with the practice directly. Weekends and holidays are not considered business days.
• If you miss your appointment, or do not cancel within the required timeframe, additional fees may apply:

Office Visit:	$50	New Patient Visit:	$75
Second Office Visit	$75	Procedure/Surgery	Per Dept Policy

Non-Medical Fees
You may be responsible for additional fees such as:
• Returned Checks
• Completion of medical records requests
• Completing disability forms
• Completing medical clearance forms

Out-of-Network Providers
If your doctor is not in your insurance plan, the following apply:
• You will sign a separate financial agreement
• You will be quoted an estimated fee before services/procedures are performed.
• Full payment is due prior to, or at the time of service for office visits.
• A deposit is required prior to the date of service for elective surgeries and procedures.
• Even if you have out-of-network benefits, you are ultimately responsible for the full fee charged. We will provide you with an itemized receipt so you may self-submit to your insurance for reimbursement.

Revised: 2/2024

Uninsured / Self pay Patients / Non-Covered Services

• If you have no medical insurance coverage, or do not have benefits for an item or service under the health plan, you will receive a Good Faith Estimate ahead of your visit with your estimated responsibility.
• We may not know the full extent of services being provided this is only an estimate.
• You are responsible to pay the estimate amount at time of the visit.
• Payment of any balance is expected upon receiving a bill

Other Bills

You may receive services from doctors or other providers who are involved in your care who you may not see face to face such as anesthesia, radiology testing and pathology. These doctors provide vital services. There may be additional charges for these services. In addition, you may receive in-patient or outpatient hospital care at NYU Langone Hospitals. If so, you will receive a hospital bill for those services. Hospital bills are separate from our doctor services.

Payments

Payment is due at the time services are provided, or upon receipt of a billing statement. We accept payment in the form of cash, check or credit card (American Express, MasterCard, Visa, Discover, and Flex Spending Card). Returned checks are subject to a fee of $20.00. We do not accept traveler's checks. As a service to our patients, we provide an automated courtesy [bill pay reminder] call and possibly other important calls that may be placed using a prerecorded message. By providing your cell phone number, you consent to receiving such calls at this number.

Failure to Pay

Your account may be referred to an outside collection agency if you do not pay your balance timely. You will need to contact them directly to settle your balances. If you experience hardship, you may contact us to discuss your account.

Refunds

If you have a credit balance, we will apply it to any open balances on your account, including any amounts owed to other NYU Grossman School of Medicine Faculty Group Practice providers. We will issue a refund once all outstanding balances are paid in full.

FGP Financial Acknowledgment and Agreement

ASSIGNMENT OF INSURANCE: I hereby authorize my insurance benefits to be paid directly to NYU School of Medicine. I understand I am financially responsible for non-covered services. I authorize the release of any medical or other information necessary to process insurance claims on my behalf.

FINANCIAL LIABILITY: I agree to the specified terms above. I hereby agree to pay all charges due (or to become due) to NYU Grossman School of Medicine for care and treatment, including co-payments, deductibles, and co-insurance as provided under my plan. Benefits, if any, paid by a third party, will be credited to my account. I understand that I will be financially responsible for all charges due if I am uninsured/have no medical insurance, or choose to not use my insurance, if applicable.
I understand that I will be responsible for any charges if any of the following apply:

- My health plan requires prior referral by a Primary Care Physician (PCP) before receiving services at NYU School of Medicine and I have not obtained such a referral, or I receive services in excess of the referral, and/or
- My health plan determines that the services I receive at NYU School of Medicine are not medically necessary and/or not covered by my Insurance plan, and/or
- My health plan coverage has lapsed or expired at the time I receive services at NYU School of Medicine, and/or I have chosen not to use my health plan coverage, and/or
- The physician I see does not participate with my health care plan.

ANCILLARY SERVICES: I understand I may receive certain ancillary medical services while I am at NYU School of Medicine; such as, anesthesia, interpretation of cardiac tests, imaging services (e.g., x-rays, MRIs) and pathology specimen examination. I understand that some physicians may not provide services in my presence, but are actively involved in the course of diagnosis and treatment. I hereby authorize payment directly for these services under the policy(s) or plan(s) issued to me by my insurance carrier. I understand that I may incur additional charges as a result of these ancillary services; I agree to pay all charges due with respect to such services to the extent the charge is due after credit is given for benefits paid on my behalf by any third-party payor.

CANCELED OR NO-SHOW APPOINTMENTS: I understand that, based on the policy of individual physician offices, I may incur a cancelation fee if I do not provide the required notice of cancelation, or if I do not keep my appointment and have not canceled.

FACULTY GROUP PRACTICE CELL PHONE CONTACT CONSENT FOR BILL PAY REMINDERS: I understand that as a service to its patients, NYU Langone (Faculty Group Practice) and its authorized affiliates provide bill pay reminders to patients that may be placed using prerecorded messages and/or text messages. By providing my cell phone number to NYU Langone and signing below, I am giving consent to receive these calls, prerecorded messages (which may include automated voicemails), and/or text messages at the number maintained in my NYU Langone medical record. I understand that if my cell phone number is updated at NYU Langone, I will receive calls, automated voicemails, and/or text messages to the new number, unless I have opted out as described below. I also understand that this consent will apply to any NYU Langone Faculty Group Practice Office that may use this service and that data usage and other charges may apply.

I acknowledge that consent to receive communications from any NYU Langone Faculty Group Practice is not required to receive services from NYU Langone. I understand that I can opt-out from receiving these communications at any time by emailing my name and date of birth (for verification) to NYUPhysicianServices@nyumc.org, submitting a message via MyChart by selecting Billing or Insurance Question, or by providing written notice to: NYU Langone Faculty Group Practice, PO Box 415662, Boston, MA 02241.

I have been provided, understand and agree to the terms of the Faculty Group Practice Patient Financial Policies.

_____ _____

Print Patient/Guarantor Name **Date**

MEDICARE SIGNATURE ON FILE (Medicare Patients Only): Medicare may not cover some services that your doctor recommends. You will be informed ahead of time. You may be given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing you are responsible for payment. You must read the ABN carefully.
I request that payment of authorized Medicare benefits be made either to me or on my behalf to all providers who treat me during my hospital stay or any services furnished to me by those providers. I authorize the holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

Patient Signature_____