

Billing Changes as of January 1, 2014

After January 1, 2014, please understand that our contracts with insurers may have changed, our status as contracted or non-contracted with your insurance provider may have changed, and your insurance coverage (including the amount of your deductible or other patient responsibilities) may have changed as well. To simplify the process we are providing the following information regarding payment & our billing and collections procedures.

Please bring your insurance card to every visit. We will confirm your coverage and verify your patient responsibility costs at each visit. Most insurance plans require member cost - sharing, which means that you will be responsible for paying a copayment, coinsurance, or for the service itself (if your deductible has not been met).

There are **four** possible scenarios regarding your health care cost coverage:

- 1) We have a **signed contract** with your insurance carrier and we are a **participating provider** for your particular health insurance plan (for example, we have a contract with Excellus Blue Cross & Blue Shield and we are a participating provider for most, but not all of their Health Insurance Plans). We will collect the patient responsibility portion of your costs at the time of service (co-payments, co-insurance and outstanding deductible payments). We will bill your insurance carrier and accept payment in the amount we have agreed to by contract with your insurance carrier.
- 2) We **do not have a signed contract** with your insurance carrier and we are a **non-participating provider**. Your **status will be "self-pay" and you will need to pay for your care at the time of service**. We will courtesy bill your insurance company and refund you any payments made by your insurance carrier on your behalf. You will receive an explanation of benefits (EOB) from your insurance company stating what they have paid us on your behalf. If you do not want us to courtesy bill, you may have a copy of the charges and codes associated with your care and you may submit these to your insurance carrier for reimbursement directly to you from your insurer.
- 3) You **do not have insurance coverage and will be self-pay** for the care and services rendered. Payment is due at the time of service. We will give a 20% discount off our fee schedule to patients paying by credit card at the time of service and a 25% discount off our fee schedule to patients paying with cash. We are unable to accept checks from patients who are self - pay.
- 4) You have an insurance product **we do not participate with** and due to state laws, federal laws or practice policy we are prohibited from providing care to you as a self-pay patient. We will be **unable to see you as a patient in the practice**.

The Medicare replacement products or Medicare Advantage Plans follow separate rules. If your carrier recognizes our practice (this can be different than contracting with our practice) and pays for services by our practice we will collect only the patient responsibility portion of your costs at the time of service. If your Medicare Advantage Plan does not recognize, or contract with, our

practice and will not pay for services by our practice we are unable to see you and are prohibited from seeing you as a self-pay patient.

Please be aware that we have not collected outstanding deductibles in the past, and have billed patients for deductible amounts subsequent to payment and notification of your remaining deductible by your insurance carrier. We now have the ability to verify, in real-time, your outstanding deductible amounts at the time of service. We will be collecting these deductible amounts along with your co-pay or co-insurance amounts.

Please be aware that we may have courtesy billed your insurance carrier in the past and not required you to be self-pay. If we did this in the past, we will not be able to continue to do so after January 1, 2014.

We know it's complicated! Our billing staff is available to discuss your insurance and personal payment responsibilities if you need assistance.

If you are scheduling a procedure we will be able to provide you with an estimate of charges prior to the procedure. We will collect payment based on this estimate. Final charges will be determined following the completion of the procedure and the receipt of the pathology report. Additional charges will be billed to you by statement, and any over-payments will be refunded by check.

We have a contractual relationship with the following insurance carriers and will collect co-pays, co-insurances and deductibles at the time of service. If you have insurance through any other carrier --even if we billed your carrier and balanced billed you in the past, you will need to choose between options 2 and 3 above:

- MVP/CIGNA
- AETNA
- POMCO (SU: Pomco needs a referral from your primary care provider)
- EXCELLUS BCBS (except products listed below)
- UPSTATE MEDICARE
- RAILROAD MEDICARE
- GHI/EMBLEM
- UNITED HEALTHCARE EMPIRE
- UNITED HEALTHCARE (except products listed below)
- LIFETIME BENEFIT SOLUTIONS formally EBS-RMSCO (Nine Mile Point: RMSCO needs a referral from your primary care provider)
- UNIVERA
- TODAY'S OPTIONS

The following is a list of Medicare Advantage Plans that make payments to our practice:

- EXCELLUS BCBS
- MVP GOLD ADVANTAGE
- UNITED HEALTH CARE

- AMERICAN PROGRESSIVE: TODAYS OPTIONS
- WELLCARE
- AETNA (effective as of January 15th 2013)

The following insurances we DO NOT have contract with but we will courtesy bill for you. You will still be expected to pay your patient responsibility (copays, coinsurance, and deductibles) at check in.

- HUMANA
- SEIBA

The following is a list of insurance products that we **DO NOT PARTICIPATE WITH** and due to state laws, federal laws or practice policy we are prohibited from providing care to you as a self-pay patient. We will be unable to see you as a patient in the practice:

- EXCELLUS BCBS - VALUE MED PLUS, HEALTHY NY PRODUCTS, MEDICAID, FAMILY HEALTH PLUS, HMO BLUE OPTION AND CHILD HEALTH PLUS
- CDPHP COMMERCIAL HMO
- CHOICE PLUS
- CHOICE CARE
- EPOCH
- EVERCARE
- FIDELIS
- HEALTHNOW
- MEDICAID
- TOTALCARE
- TOUCHSTONE HEALTH
- REPUBLIC HEALTH/FREELANCERS
- MAGNACARE
- UNITED HEALTHCARE - DEFINITY HEALTH, CHILD HEALTH PLUS, FAMILY HEALTH PLUS, MANGED MEDICAID, AMERICHOICE, COMMUNITY PLAN

Payment:

We accept cash, check, MasterCard and visa. We do not accept checks for cosmetic procedures or self-pay accounts.