

# Financial Policy

NYU VEIN CENTER ♦ 530 First Avenue, Suite 6D ♦ New York NY 10016

## Financial Policy

Healthcare benefits and coverage options are becoming increasingly complex. We have developed this policy to detail our financial requirements to help you better understand your responsibilities.

It is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals from a primary care physician, pre-certification, limits on outpatient charges, specific physicians and/or hospitals to use. You should be knowledgeable of any deductibles, co-payments, and/or coinsurance. This applies to all payors regardless of whether or not our physicians participate.

The responsibility for payment of fees for services is the direct responsibility of the patient. Your health benefit plan is an arrangement between you, the enrollee and the insurance company, HMO or your employer. Your health benefit plan determines your coverage, requirements, and establishes the limit on your coverage for medical services based on what they determine is medically necessary. However, we will do our best to assist you with understanding your proposed treatment and in answering questions related to your insurance.

### Payment Policy Schedule\* (\* subject to change at any time)

Co-payments	Full payment is due at time of service.
Deductible and coinsurance	Full payment is due at time of service.
Non-covered service	Full payment is due at time of service.
Non-participating insurance plan	Full payment is due at time of service.

Injection and Laser Sclerotherapy	50% deposit due no later than 10 days prior to the procedure Remaining balance due on the day of the procedure. If cancellation is not provided with at least 48 hours notice, your deposit will not be returned.
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Stockings	Full payment is due at time of service. All sales are final. There are no refunds once the package is open.
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### Other charges/fees\* (\* subject to change at any time)

Missed Appointment Fee	The office requires at least 24 hours notice when canceling an appointment. Failure to provide this notice will result in a \$25.00 charge to your account.
Cancellation of Surgery	A \$250.00 fee will be charged to your account if you cancel your surgery with less than 7 business days notice.
Return Check Fee	\$25.00
Over 30 Day Balance	A fee of 1.5% /month may be imposed on balances over 30 days past due.

Effective 01/01/03, patients with Medicare as his/her primary insurance carrier, and who do not have a secondary insurance carrier, will be required to pay at the time of service his/her deductible, as well as the 20% co-insurance.

We realize that medical care can often become very expensive. If you have concerns about your ability to pay for service, we recommend that you contact us for assistance in the management of your account.

Should you have any questions with regard to our financial policy we encourage you to ask. It is our goal, not only to provide the best quality of medical care, but to help you by answering any questions you might have.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Patient

Print Name \_\_\_\_\_

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