

NYU VASCULAR ASSOCIATES



Financial Policy

Because healthcare benefits and coverage options have become 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*:

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.
Office Visits/Procedures	Full payment is due at time of service.
Sclerotherapy/Laser Procedures	50% deposit due no later than 10 days prior to the procedure. Remaining balance due on the day of the procedure. If procedure is cancelled with less than 24 hours notice, the deposit will not be returned.
Stockings	Full payment is due at time of service.

Other charges/fees*:

Missed Appointment Fee	The office requires at least 24 hours notice to cancel an appointment. Failure to provide this notice will result in a \$50.00 charge to your account.
Cancellation of Surgery	A \$100.00 fee will be charged to your account if you cancel your surgery with less than 48 hours notice.
Medical Records	\$0.75/per page
Return Check Fee	\$25.00

* subject to change at any time

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.