

Columbia Memorial Health Care Center Financial Policy

Columbia Memorial Health are pleased that you have chosen our practice for your medical care. The medical providers of Columbia Memorial Health are committed to providing you with the highest quality care. In order to answer questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. A copy will be provided upon request.

1. **Insurance:** Columbia Memorial Health participates in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and deductibles:** All co-payments and deductibles must be paid **at time of service**. This arrangement is part of your contract with your insurance company. You may incur a \$10.00 administrative processing fee for co-payments not paid at the time of service. You are responsible for any final balance not paid by your insurance. Medicare beneficiary may incur a deductible and coinsurance liability to the hospital that they would not incur if the facility were not provider-based.
3. **Non-covered services:** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. You may be asked to sign an “Advance Beneficiary Notice”.
4. **Proof of insurance:** All NEW patients must complete our patient information form before being seen. Information on our established patients will be updated at every visit. We must obtain a copy of your current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Insurance Claims submission:** Columbia Memorial Health will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Patients without insurance or underinsured:** Columbia Memorial Health has Financial Counselors that can provide you guidance to help pay for your medical expenses. Our Financial Counselors will educate you on the many programs available, including affordable insurance through the NYS Market Place. Columbia Memorial Health offers a charity care program which provides free or reduced care for medical expenses. Please contact us at 518.828.8051 for assistance, or ask the receptionist to speak to a Financial Counselor. If you would like to pay for your bill at the time of service, a discount will be applied to the billed amount.
7. **Referrals:** Some health plans require a referral to obtain the services of a specialist, such as surgeons. These health plans will not pay for services rendered without a referral. It is **your**

responsibility to obtain a referral prior to treatment. If you have not obtained the necessary referral, you may either reschedule your appointment or pay the visit in full.

8. **Payment Methods:** Columbia Memorial Health accepts cash, personal checks, and money orders, MasterCard, American Express, Discover, and Visa credit cards as payment for services rendered. A return check fee of \$20 will be assessed to your account for every check returned for insufficient funds, stopped payment, or closed account.
9. **Collection:** Columbia Memorial Health requires payment in full after your insurance plan responds to our request for payment. Our staff is available to review your account. Please do not hesitate to contact us for assistance. Unpaid balances may be referred to a collection agency if other arrangements have not been made.
10. **Contact:** I authorize Columbia Memorial Health, its providers, and agents, including debt collectors, to contact me at any wireless or residential phone number that I provide or which is listed in my name. I agree that this contact may be by way of live operator, artificial or pre-recorded voice, or auto-dialer technologies for any permissible purpose, including communications about my account communications, which communications may contain protected health information. In order to revoke this authorization, I must provide Columbia Memorial Health written notice directed to Patient Accounts. For Questions and or concerns please contact Customer Service at 518.828.8051.
11. **Balances for Previous Services:** Columbia Memorial Health Financial Counselors will discuss any balance on your account and assist you with payment arrangements. **Failure to work with our billing office to secure a payment plan for unpaid balances will result in your discharge from our care center network.**
12. **Missed appointments:** Columbia Memorial Health policy is to charge for missed appointments not cancelled within 24 hours. This charge of **\$25** will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointments.
13. **Contact Information:** Columbia Memorial Health Billing Office and Financial Counselors can be reached at **(518) 828-8051**. Please feel free to contact us with any questions or concerns.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read, understood and agree to the provisions of this Financial Policy:

Signature of patient/Responsible party

Date

Print Name

DOB

Witness

Date

12/07; rev. w/addition of DOB; 10/15: revised to state 30% item #6
Revised 12/15