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(716) 362-9730

FINANCIAL POLICY

Payment Methods:

We accept cash, personal checks, Master Card, Visa, and Discover cards. There is a service charge of \$25.00 for returned checks.

Participating Insurance Plans: Please be sure to bring your child's insurance card to your visit.

We participate with the following insurance companies. This means we bill your insurance company and receive payment directly from them. You will only be billed for those balances that are your responsibility as per your contract.

Aetna	CIGNA	Independent Health	Medicare	Univera
BC/BS	Community Blue	Medisource	Nova	Your Care
Amerigroup	Amerigroup	Medicaid (New York only)	Pomco	
Empire Plan	Fidelis		Tricare	
Lifetime Benefit Solution	Emblem Health			

Non-participating Insurance Plans:

We are happy to see patients of non-participating plans. You must pay your bill in full at the time of service and you will receive a receipt for payment made.

Referrals:

Some insurance companies require referrals to see a specialist. After you have made your appointment, please call your child's primary care physician, they will obtain a referral from your insurance if needed. This referral must be in place prior to your child's appointment. We are unable to see your child without this referral. There are also some self-funded Independent Health contracts that require a referral, please check your insurance plan.

Financial Responsibility:

Co-payments— Some insurance companies require us to collect a co-payment at the time of your office visit. This may or may not be stated on your insurance card. We will call your insurance company prior to your appointment to verify your co-payment.

Co-insurances and Deductibles:

Prior to your office visit or surgery our office will contact your insurance to determine whether there are any co-insurances and deductibles that will apply to your visit. These must be paid at the time of the visit. We then submit a claim to your insurance to ensure that these charges are applied toward your deductible.

High Deductible Plans (Health Savings Accounts or Health Reimbursement Accounts)

If your insurance is a High Deductible Plan you will be required to pay a \$150.00 deposit prior to your first visit and \$50.00 deposit at the time of your follow-up visit. If the total cost of services rendered is more than your deposit, you will be billed for the remaining amount.

No Insurance:

Payment is required at the time of service for all patients without insurance. For those families with special financial needs, we will try to work closely with you to assure that your child can still receive medical care.

Rescheduling Appointments:

If you need to reschedule your child's appointment, please give us at least 24 hour notice. If you fail to keep your appointment or if you cancel your appointment with less than 24 hours notice, there will be a \$40.00 charge applied to your account.

Surgery:

If you proceed with your physician's recommendation for surgery, a pre-surgical deposit may be required. Some insurance plans have a deductible and/or co-insurance. We will estimate and discuss with you any amounts due prior to surgery, based on your insurance benefits and coverage. **All surgical deposits must be paid at least 2 business days prior to the date of surgery.** If you have any questions or concerns, please contact our Billing Office @ 362-9730 Ext. 603.

PLEASE NOTE: OUR CHARGES ARE FOR OUR SERVICES ONLY AND DO NOT INCLUDE ANY HOSPITAL, LABORATORY, ANESTHESIA OR OTHER ANCILLARY CHARGES THAT MAY BE RELATED TO YOUR SURGICAL PROCEDURE.

If you cancel surgery or miss a scheduled surgical appointment with less than 24 hours notice, there will be a \$100.00 charge applied to your account. All outstanding balances need to be paid prior to the surgery date.

Pre-Authorizations:

- 1) CT& MRI may require Health Insurance preapproval. Our office will assist in this process that may take 7-10 business days and we may need your assistance.
- 2) Medications may also require Insurance approval. Again, this may take 7-10 days.

Late Fees

Patient balances are due within 30 days from the date of the initial statement. A \$15.00 late fee will be assessed on each patient statement generated after the first statement until the outstanding balance is paid. Please contact our billing department if you are unable to pay your balance and we can arrange a payment plan.

Coverage for In-Office Procedures:

Please note that some insurance companies may not pay for some in-office procedures such as: hearing exams, wax removal, voice box exam (endoscopy), etc.. Please check with your insurance company prior to your visit

Filling Out Forms:

There is a \$10.00 fee for any form that needs to be completed by our practice. This fee must be paid prior to the forms being filled out. Please allow 7 business days for completion. (example: FMLA forms)

Revised 1/2/18