

**HAMBURG REGIONAL GYNECOLOGY
4154 MCKINLEY PKWY., STE 1200
BLASDELL, NY 14219**

OFFICE AND PAYMENT POLICY

Thank you choosing us as your primary Gynecology provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop a payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans including Medicare. If you are not insured by a plan we participate in, payment in full is expected at each visit. If you are insured by a plan we participate in but don't have an up-to-date insurance card, payment in full for each visit is required until we verify your coverage. ***Knowing your insurance benefits is your responsibility***. Please contact your insurance company with any question you may have regarding your coverage.
2. Co-payment and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. ***Please note that failure to pay your copay, deductible, or any past due balance at time of visit may result in your appointment being rescheduled, and possible release from practice***. If for some reason you feel you will not be able to meet this obligation, you may contact our Billing Office to discuss the possibility of a payment arrangement.
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 the visit. ***Please note annual office visits for Medicare and all office visits for BCBS (GM) patients are considered non-covered services. You will be responsible to pay at time of visit.***

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. ***Please note failure to supply us with proof of current/active insurance may result in rescheduling of your appointment.***
5. Claims submission. If we are in-network with your insurance, we will submit your claims and assist you in any way we reasonably can to help get your claims paid. If we are out-of-network with your insurance, then you must pay for visit at time of service. Once we enter the charge, we will send you a bill along with a receipt that you will need to submit to your insurance to receive reimbursement. 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 a party to that contract.
6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated by the billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physician will only be able to treat you on an emergency basis.
8. Missed appointments. We have a \$50 fee associated with any appointment missed (no show), canceled, or rescheduled within a 24 hour period. New Patient is a \$150 fee. As a courtesy, we attempt to contact our patients to remind them of their appointments; however, it is the responsibility of the patient to arrive for their appointment on time.
9. Workman's Compensation: Please be aware that Hamburg Regional Gynecology does not participate with Workman's Compensation Board.

10. Requests for Medical Records & Disability Forms. Please allow at least ten (10) business days for completion of disability forms and copies of medical records. The following fees apply:
- Completion of disability forms may be subject to a \$10 fee
 - Copies of medical records 75¢ a page. We must receive your completed Authorization for Release of Medical Records form in order to release your records.
11. Laboratory Services. All of our specimens are sent to an outside lab. We contract with Lapcorp, Quest, X-cell and CHS.
12. Prescription Refills. Please call your pharmacy to have them fax a refill request to our office at Fax# (716)649-0031. Requesting a refill through your pharmacy allows us to more efficiently handle your request. Please allow at least a 72 hour notice in advance of requiring a refill. Please do NOT wait until you are almost out of medication before calling your pharmacy. ***Please note that refill requests will be completed within 48 business hours. Telephone prescriptions for pain medication and antibiotics will not be given after office hours or on weekends.***
13. After Hours. We have an answering service that is available to our patient's daily and the schedule is as follows:
- After 4pm Monday-Friday
 - Weekends and Holidays
- Please call for emergency issues. Refills, appointments and other non-emergent calls will be addressed during normal business hours.
14. Termination from our Practice. Our office values the relationships that have been established with our patient's and wants to protect patients' rights. We will only terminate patient relationships with cause and after careful consideration. Reasons for termination may include, but are not limited to:
- Repeatedly not showing for scheduled appointments
 - Not complying with recommended medical care
 - Hostile or abusive behavior toward/with our staff
 - Not paying bills in a timely manner

**We accept the following methods of payment:
CASH, CHECKS, VISA, MASTERCARD & DISCOVER.
Returned checks are subject to a \$35 service fee.**

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

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

**Hamburg Regional Gynecology
McKinley Pkwy., Ste 1200
Blasdell, NY 14219**

Notice of Privacy Practices

In keeping with the Health Insurance Portability and Accountability ACT, this notice describes how personal information collected in this office may be used and exchanged.

Personal information includes:

1. any information that identifies you.
2. any description of your health status,
3. your age,
4. your sex,
5. your ethnicity or demographic characteristics.

We must obtain general consent from you to release any of this information for purposes of payment or health care operations. In some cases, permission to share pertinent health information with another healthcare provider will be assumed.

You have the right to:

- Request restrictions on certain disclosures, while we are not obligated to agree to these restrictions we will honor them whenever possible.
- Inspect and copy your protected health information.
- Amend protected health information.
- Obtain an accounting of disclosures of your protected health information, and
- Revoke the permission of disclosure although this would not apply to prior disclosures.

We are obligated to:

- Maintain the privacy of protected health information
- Provide this notice of our privacy policies
- Abide by the terms of this notice
- Make public any changes to this notice