



**Weill Cornell Medicine  
Physician Network  
Financial Policy Agreement**

We would like to thank you for choosing the Weill Cornell Medicine - Physician Network for your healthcare needs. We consider it an honor and a privilege to participate in your care. Understanding your financial responsibilities and expectations will save you worry and stress later on. If you have any questions or concerns about our payment policies, please ask to speak with a member of our billing staff either by phone (646-962-5600) or in person.

**It is important that you read this policy carefully before you receive treatment.** Payment is required at the time services are rendered. This includes applicable coinsurance, deductibles, and copayments for participating insurance companies as well as payment for all services not covered by insurance. Our practice will accept cash, check, debit cards, and for your convenience, Visa, MasterCard, Discover and American Express.

**We are legally required to collect your co-pay & deductible.**

The Health Care Financing Administration (otherwise known as HCFA) is the federal government agency responsible for setting policy and overseeing Medicare and Medicaid programs. HCFA has mandated that physicians and other providers of healthcare must collect copays, deductibles and coinsurances. This is enforced by the Office of the Inspector General (OIG).

We do understand that things happen and financial problems may affect your ability to pay the bill in full. We will always do everything we can to work with you. However, we ask that you contact us as soon as possible to work out an arrangement that is satisfactory for everyone.

We appreciate your faith and trust in us and thank you for the opportunity to serve your healthcare needs.

**Payment for Office Visits and Services**

<b>[1] If You Have...</b>	<b>[2] You Are Responsible For...</b>	<b>[3] We Will...</b>
Managed Care or Commercial Insurance plan and the physician <u>is not</u> a participating provider or benefits are considered out-of-network.	If you do not have out of network benefits, you will be responsible for 100% of the provider's full charge. If you do have out-of-network benefits, you will be responsible for paying your deductible (if it is not yet met for the calendar year), coinsurance, and any other financial obligations as stated in your plan.	Provide you with Notice of Physician Non-Participation with your plan. If you do not have out of network benefits, work with you to settle your account. If you do have out of network benefits, submit an insurance claim to your insurance carrier.
Managed Care plan and the physician <u>is</u> a participating provider or benefits are considered in-network.	Obtaining referral. If Applicable, paying your deductible (if it is not yet met for the calendar year), coinsurance, copayment, and any other financial obligation as stated in your plan.	Obtain Authorization. Inform you of any services not covered by your plan. Submit an insurance claim to your insurance carrier.
Traditional Medicare	Paying your deductible (if it is not yet met for the calendar year), as well as any services not covered by Medicare. If you do not have a secondary coverage or Medigap, you will also be asked to pay the 20% Medicare coinsurance.	Submit your Medicare claim, as well as any claims to your secondary insurance. For services not covered by Medicare, provide you with a Medicare ABN or Waiver for signature.
Traditional Medicaid	Area Specific: Generally, you are not responsible for any costs when the physician's office accepts Medicaid. If Medicaid is not accepted, you may be responsible for a percentage of the cost of the visit upfront.	If Medicaid is accepted in your physician's office, we will bill Medicaid. If Medicaid is not accepted, we will collect the visit charge up front.
Worker's Compensation or No Fault	Providing to our staff a valid case number, accident date, insurance name and address, adjuster name and phone number. No payment is due at time of service.	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures. Obtain authorization for the service if needed.
Uninsured	Paying 100% of the provider's full charge.	Work with you to settle your account.

**Agreement Confirmation**

I have read, understand, and agree to this Financial Policy. I understand that charges not covered by my insurance company, as well as applicable coinsurance, and deductible are my responsibility and are payable immediately upon receipt of patient statement. I further understand that copayments are my responsibility and are due at time of service.

I authorize my insurance benefits to be paid directly to the Weill Cornell Medicine - Physician Network. I authorize the Weill Cornell Medicine-Physician Network to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

\_\_\_\_\_  
Patient or Guarantor Printed Name

\_\_\_\_\_  
Patient or Guarantor Signature

\_\_\_\_\_  
Date