

FINANCIAL POLICY

Allied Physicians of Buffalo is dedicated to providing the best possible care for you. Additionally, we would like you to completely understand the following payment policy.

All co-payments, co-insurance, deductibles, and past-due balances are expected at the time of service.

CANCELLATION OF AN APPOINTMENT

The patient must notify our office at least 24 hours in advance if you need to reschedule or cancel an appointment, or a \$15.00 cancellation fee will be charged. We will also charge a fee for any patient who skips an appointment without calling in advance. This no-show fee is \$35.00 for a standard office visit and \$75.00 for new patient visit. Accounts with more than three no shows may result in discharge from the practice.

PAYMENT DUE AT TIME OF APPOINTMENT

Payment is required at the time services are rendered. This practice accepts cash, personal check, money order, credit cards and debit cards. There is a service charge of \$35.00 for returned checks. If you have a past due balance, any amount paid will be applied to the past due balance first.

Most insurance plans require co-pays to be paid by the insured patient for office visits and for other specified services such as tests and injections; therefore, there may be more than one co-pay required. Any questions regarding co-payments due should be directed to your insurance company.

Patients with an outstanding balance of 120 days overdue must make payment arrangements prior to scheduling appointments. These accounts may be turned over to a collection agency unless prior arrangements are made with our billing service. Patients will be responsible for legal/collection fees. We realize there may be financial difficulties; our billing service department has financial hardship and payment plan forms available.

INSURANCE PLAN PARTICIPATION

Allied Physicians of Buffalo participates with many insurance companies. It is the patient's responsibility to be aware of their insurance coverage, policy provisions, authorization requirements, and network providers, if applicable.

Due to relationships between insurers, third-party administrators and "umbrella" networks, patients are strongly advised to contact their insurance carrier for participating provider information.

We bill non-participating insurance companies as a courtesy to you. If we have yet to receive payment from a non-participating insurance company within 60 days of the date of service, you will be expected to pay the balance. We will provide you with all the necessary information for submitting claims to your insurance company.

ALLIED PHYSICIANS OF BUFFALO

SELF PAY PATIENTS

If you do not carry insurance, you are considered a " Self-pay" patient, meaning you are expected to pay in full for any treatment. If you cannot pay for your service in full at your appointment, please make suitable arrangements before you visit with our billing company, Assertive Medical Practice Management, Inc. You may reach them at 716-362-0535. The charges for your visit will be quoted when your appointment is made. Please be sure you request this information if it is not offered to you.

ASSIGNMENT OF BENEFITS

I acknowledge financial responsibility for all facility and physician/provider(s) fees. I understand that the physician billing office will file my insurance claim, and I will assign direct payment to the physician for all payments made under the terms and provisions of my policy. I further understand that any disputes on coverage are between my insurance carrier and me, and I will be responsible for payment for denied services regardless of the outcome of my dispute. I acknowledge financial responsibility for all charges if inaccurate insurance information is given at the time of service and the information is not corrected before my insurance company's timely filing limit.

We encourage our patients to discuss their financial circumstances with our billing company, Assertive Medical Practice Management, Inc. They will be happy to assist you with questions and payment plans. You may call them directly at 716-362-0535.

I have read the above financial policies and agree to comply with their terms.

COLLECTION AGENCY FEES

Outstanding Balances:

Accounts that are mailed more than four invoices may be sent to Collections. A 33% fee will be added to all accounts sent to collections. Accounts sent to collections may result in discharge from the practice.

Patient Name.:

Signature:

Date: