



Marc P. Pietropaoli, M.D., P.C.  
791 West Genesee Street  
Skaneateles, New York 13152  
Tel: 315-685-7544 Fax: 315-685-7549

## FINANCIAL POLICY

Thank you for choosing Victory Sports Medicine & Orthopedics as your sports medicine and orthopedic provider. We are committed to delivering outstanding care. We are sure you understand that payment for services is your responsibility. The following is a statement of our financial policy. To ensure our patients fully understand our billing process, we ask that you read and sign this financial policy. This financial policy applies to all services provided by Victory Sports Medicine & Orthopedics.

A valid insurance card if applicable is required to be presented for copying at each visit. Failure to provide correct information at the time of your visit may result in a delay in care and patient responsibility for the entire bill. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.). Please ask if you have any questions about our fees, our policies, or your responsibilities.

### **INSURANCE CLAIMS:**

You are responsible for paying any co-pay, coinsurance and/or deductible which applies to any service provided at the time of visit. These fees cannot be waived as they exist under the terms of our contract with various health plans. You are responsible for obtaining any referrals/authorizations your plan may require before the visit. As per your agreement with your carrier, if you fail to take these steps, you will be responsible for the entire payment. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

### **PARTICIPATING INSURANCES:**

AARP	Healthnow	MVA – No Fault	RMSCO
Aetna	Medicare	MVP	Today's Options
Cigna	Medicare Blue-PPO	POMCO(Multi-Plan Only)	UHC Empire*
Excellus BCBS	Multiplan	Pupil Benefit	United Healthcare

\* Denotes insurance companies that do not participate with us for physical therapy services

### **SELF-PAY ACCOUNTS:**

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. Patients with self-pay accounts are responsible for payment in full at the time of service. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

### **NON-PARTICIPATING INSURANCE PLANS:**

The financial obligations of patients who are insured by carriers that the practice does not participate with are considered a self-pay account. If you provide our office with the necessary billing information for the visit, as a courtesy to you, we will submit the charge on your behalf to your carrier for reimbursement to you. You are also

responsible for following up with your insurance carrier regarding any unpaid claims and/or appeals. If the practice receives payment for a non-assigned claim, the patient will receive a refund.

**REFUNDS:**

A refund will be processed within 6-8 weeks after the overpayment is discovered on the patient's account or at the time the refund is requested. Patients who have insurance, but made a partial payment or made payment in full, will not be refunded until payment in full is received from their insurance company. Refunds for payments made with a credit card will be credited back to the credit card used, for all others a check will be issued within 6-8 weeks.

**MEDICARE:**

You are responsible for your deductible each year and any coinsurance.

**NO FAULT/WORKERS COMPENSATION:**

You will need to provide our office with all information required to properly submit charges. Without this information, the fees mandated by New York State will be changed to reflect our private fees and you will be responsible for payment. Some No-Fault carriers have deductibles on medical charges for which the patient is responsible. If you have private insurance with which we participate and obtain any required referrals/authorizations, we will submit on your behalf and bill you for any unpaid balances.

**LIABILITY:**

Our office does not see third party liability cases. If your injury/condition turns into a liability case after treatment has been initiated, you will have 30 days to transition care to another medical office. You are responsible for any and all charges incurred at our office at the time of the visit. Our policy does not allow us to hold accounts that are pending resolution of any liability or litigations issues.

**SURGERY FINANCIAL POLICY:**

A verification check list is reviewed with your insurance company prior to surgery scheduling. This includes: coverage, authorization and deductible requirements. Financial arrangements will be made prior to surgery for insurances requiring deductibles or non-covered procedures.

**DIVORCE CASES:**

In the case of divorce, the individual who receives the care is responsible for payment of co-pays, coinsurance, and non-participating insurance balances at the time of service. We will not bill a divorced spouse for the patient's service.

**CHILD CUSTODY CASES:**

The parent with primary custody is usually the parent whom the child lives and usually brings the child to the practice for care. The custodial parent is responsible for payment at the time of service whether the account is considered self-pay or participating insurance. If the non-custodial parent carries the insurance on the child, the office will bill that insurance company. The practice does not get involved with divorce specifics, e.g. one parent pays 80% and the other pays 20%. It is the parents obligation to work out an agreement themselves or through the court system.

**MISSED APPOINTMENTS:**

Any appointment not kept or cancelled/rescheduled with less than 24- hour notice is subject to a \$25 fee for office visit and \$50 fee for MRI appointment.

**MEDICAL RECORD COPIES:**

Patients requesting copies of medical records will be charged \$0.75 per page to offset our costs associated with performing this task. There is a \$5.00 fee for each CD containing images.

**FORMS:**

There is a \$15.00 fee per form that you request to be completed by our office. Payment is due when the form is dropped off. We have a 7-10 day turnaround time for forms.

**METHODS OF PAYMENT:**

We accept cash, checks, MasterCard, Visa and American Express. There will be a \$30.00 returned check fee.

**OUTSTANDING BALANCE POLICY:**

We do utilize a collection agency that reports delinquent accounts to a national credit organization. There will be a late fee charged if your account is turned over to collections.

If you require further clarification on any of the policies described here, please contact our Billing Department or Office Administrator directly at the number noted above. Thank you for your consideration in this matter.

I have read and/or been advised to read the entire Financial Policy.

**ACCEPTANCE OF TERMS**

Signature of Guarantor \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (Please Print) \_\_\_\_\_ Staff Initials \_\_\_\_\_