

FINANCIAL POLICY

Welcome!

Thank you for choosing our Practice! We are committed to the success of your medical treatment and care. Please understand that honoring your payment obligation to pay your bill is part of this ongoing relationship.

Listed below we have answered some commonly asked financial questions for your convenience. If you need additional information about any of our policies, please speak with our Patient Assistant Representative, at 845/592-7791, 845/592-7577, 845/790-8969, or 845/790-8946.

We accept payment by cash, check, money order, VISA, MasterCard, Discover, American Express, and Care Credit.

Self Pay

Payment in full is required at the time of the service, unless prior arrangements have been made. Please contact one of our Patient Assistance Coordinators; at 845/592-7791, 845/592-7577, 845/790-8969, or 845/790-8946; they will work directly with you to establish a payment arrangement. A \$200 deposit is required for all new patients which does not include any Laboratory or Imaging Fees. An established patient coming for a follow up will require a \$100 deposit.

Non-Contracted Insurance Plans

These plans are referred to as a Commercial or an Indemnity Policy; we do not have a signed contract with these Insurance Plans. You will be responsible for any portion not covered by your insurance plan. This could include your deductible and a coinsurance amount. We will submit a claim to your insurance carrier as a courtesy to you.

HMO/PPO Plans

You will be responsible for all co pays, deductibles, and coinsurance at the time of service. If your plan requires a referral it is your responsibility to obtain one prior to your scheduled visit. Insurance plans we do not participate with, are considered "Self Pay". Payment in full is expected at the time of service. As a courtesy to you, we will submit a claim to your insurance carrier on your behalf.

Procedures

If your Physician recommends surgery, you will be contacted by a Surgical Coordinator. They will answer and discuss questions regarding our surgery scheduling process with you. A surgical deposit is required five business days prior to your surgery date. The deposit is determined and based on your insurance benefits and coverage. A cost estimate outlining your financial responsibility will be supplied to you by the Surgical Coordinator.



600 Westage Business Center Drive
Fishkill, NY 12524
(845) 231-5600

FINANCIAL POLICY continued

Obstetrical Payment Plan

The group offers a special financial plan for all Obstetrical patients that do not have Health Insurance. An outline of this is attached. All Imaging, laboratories are a separate fee and payable at the time of the service. All Hospital and Anesthesia charges will be billed by a separate entity, not affiliated with Mid Hudson Medical Group. If you have an Insurance that we participate with you will be responsible for any co pays, deductible and coinsurance. This is required one month prior to your delivery once your surgical coordinator determines your benefits. If you have Insurance that we do not hold a contract with we will submit a claim on your behalf as a courtesy to you. You will be responsible for any portion not covered by your Insurance this amount will be required one month prior to your delivery.

Vaccine

You will be responsible for payment according to your individual insurance plan. We will provide an estimated out of pocket expense which is required at the time of the visit.

Non-Covered Services

You will be responsible for payment in full at the time of service for any non-covered fees per your insurance plan. A \$15 surcharge will be added to your account for any copayment not paid at the time of service. A \$42 fee will be added to your account for any unpaid returned checks. A fee not to exceed \$35 will be expected for all completed medical forms requested by the patient. A \$25 no show fee may be added to your account for any appointments not cancelled 24 hours prior to the appointment time.

Obstetrical Payment Plan

The group offers a special financial plan for all Obstetrical patients that do not have Health Insurance. All Imaging and Laboratory is a separate fee and payable to the Group at the time of the appointment. All Hospital and Anesthesia charges will be billed by a separate entity, not affiliated with Mid Hudson Medical Group. For any alternative payment plans please contact Grace Lyons directly at 845/231-5642.

1 st Visit	\$1000.00
2 nd Visit	\$500.00
3 rd Visit {14 Weeks}	\$500.00
4 th Visit {18 Weeks}	\$1000.00
5 th Visit {22 Weeks}	\$500.00
6 th Visit {26 Weeks}	\$500.00
7 th Visit {30 Weeks}	\$500.00
8 th Visit {34 Weeks}	\$500.00
9 th Visit {38 Weeks}	\$500.00
10 th Visit {40 Weeks}	\$500.00
Cesarean Section: An additional Fee of	\$1000.00



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Mid Hudson Medical Group Participating Insurance List

Aetna {all plans}

Beech Street

CIGNA

CDPHP

Empire Blue Cross {all plans}

Fidelis

GHI {HMO/PPO} excludes Medicaid Product

HealthNet

Local 1199

Loomis

Medicare

MVP {excluding the Medicaid product}

POMCO

Three Rivers Provider Network

United HealthCare

Oxford {includes Liberty & Freedom}



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Authorization

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, deductibles, and coinsurances are my responsibility. I authorize my insurance benefits be paid to Mid Hudson Medical Group. I authorize Mid Hudson Medical Group to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Printed Patient Name

Date of Birth

Signature

Date

Relationship to Patient
{If signed by personal representative of the Patient}

Date

Centricity ID#