



## Medical Health Associates of Western New York

*Island Pediatrics*  
*Suburban Pediatrics*  
*Tonawanda Pediatrics*  
*Transit Meadow Pediatrics*  
*Western New York Pediatrics*  
*Williamsville Pediatrics*

## Financial Policy

Thank you for choosing our medical office as your child's medical home. We are committed to providing and maintaining the best possible care for our patients and your family. The affiliated offices of Medical Health Associates provide equal access to all its patients regardless of source of payment. Your review of our office financial policy in advance allows for effective communication and enables us to provide the highest quality service to your family.

Each time you arrive at one of our offices, we will ask to confirm your current insurance, address and contact information. Keeping your file updated keeps the lines of communication open in case we need to reach you regarding your child's health or your account.

At the time of each appointment, please provide your insurance card, current residential address and copayment/coinsurance. If you have any questions or concerns, please contact our billing office at 716-639-0155 Monday through Friday 8:00 am through 5:00 pm.

### Your Insurance

We participate with numerous Insurance companies including all local insurance plans and many national plans. You are responsible for providing current or updated insurance information at each appointment.

If your insurance carrier requires a designated primary care physician (PCP), you may need to choose one of our doctors prior to your first visit to prevent insurance coverage problems. Please be aware that some insurance companies do not pay the entire doctor's bill, therefore you may be responsible for some or all the bill.

You should be aware of your insurance coverage policy provisions, authorization requirements and network providers. You are responsible for providing our offices with prior authorization if

your insurance company requires it. Most insurance plans have a website or call-center that can provide this information.

## Copayments

At the check in, we will collect your office co-payment. We accept cash, checks, debit cards, MasterCard, Visa, Discover, and American Express. During a visit to our office, patients may receive various kinds of services; each service may have a separate charge.

By addressing new or established issues during a preventive care exam or “Checkup”, we hope to avoid any inconvenience or additional visits. Your insurance company may require that you pay a copayment, coinsurance or deductible for these services. Please be aware of your personal liability.

## High Deductible plans

We will make every effort to know your high deductible status when you check in by checking on your insurance company’s or HealthLink’s website. If you have not met your deductible you will be expected to pay at time of service.

## Non-Participating Insurance Companies

If we do not participate with your insurance, we will provide you with the visit information and paid receipt needed for your insurance reimbursement.

## Non-Covered Services

If your health insurance company determines a service is "not covered", you will be responsible for the complete charge. You will be asked to sign a form outlining the charges that could be incurred at that day’s visit. Should your insurance not cover the charges, we will personally bill you for the services. Payment is due upon receipt of that statement.

Please determine in advance if your insurance plan completely covers immunizations. All our affiliate offices participate in the **Vaccines for Children (VFC)** program. If your insurance plan does not cover immunizations or you have no insurance coverage, VFC provides immunizations for children under 19 years old at no cost to you. While the cost of the vaccine will be covered by the VFC program, you will be responsible for an administration fee.

## Medicaid and Medicaid Managed Care

We participate with NYS Medicaid and Medicaid Managed Care insurance plans. If you are required by Medicaid to select a managed care plan, please make sure you inform our office of your selection.

## NYS Child Health Plus and NYS Essential Plan

These programs may be available for patients who are ineligible for Medicaid. The office staff will be glad to help guide you to the resources to apply.

## No Fault

If you have sustained injuries in a motor vehicle accident, please notify us at the time of your appointment. We do not submit claims to No Fault, however we will provide you with the information and paid receipt needed to bill your insurance. We will collect at the time of service.

## Minor Patients

Patients under the age of 18 require parental consent for any treatment or immunization except as permitted by New York State law. The parent/guardian accompanying the minor patient will be responsible for payment of all services rendered, whether the account is considered self-pay, participating insurance, or non-participating insurance.

## Past Due Accounts

An account is considered past due if no payment is received within 30 days of the first account statement. Patients with past due accounts must make a payment before the next appointment with their health care provider. A statement fee of \$5.00 will be added to each month after the first statement.

Accounts beyond 60 days past due are considered delinquent and may be forwarded to a collection agency. A \$10 fee will be assessed on all accounts that are sent to a collection agency plus any fees associated with the collection process.

## Payment Arrangements

If you are unable to make full payment of the account balance when due, arrangements for a partial payment plan can be made with our billing office. Please call 716-639-0155 Monday through Friday 8:00 am through 5:00 pm. Note: There is a \$5.00 per statement fee on delinquent accounts.

## Insufficient Funds Checks

Returned checks will be charged back to the patient's account. There will be an additional \$40.00 service fee for each returned check. We reserve the right to require cash or credit card for future payment on accounts with frequently returned checks.

## Billing Company

Our insurance and patient billing is handled by HealthTec Solutions. The staff at HealthTec Solutions works very closely with the affiliated practices of Medical Health Associates to ensure that your insurance is billed properly, and that full reimbursement is received from your insurance company.

For any questions regarding your account, please call HealthTec Solutions' staff at 716-639-0155 Monday through Friday 8:00 am through 5:00 pm.

## Missed Appointments

A missed appointment prevents our practice from providing care to other patients. Patients who miss their scheduled appointment without notifying our office more than 24 hours in advance will have a \$50 fee applied to their account.

## Refunds

When we determine that a refund is due, it will be refunded. If you have an appointment scheduled and the credit balance is \$70.00 or less, we will hold the credit balance until that visit and all payments are satisfied.

I have read and understand my obligations under this Financial Policy:

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Patient or Responsible Party printed name