



Brockport Vine Medical Financial Policy

1. It is your responsibility to keep the practice updated with your most current information (insurance, address, phone numbers, emergency contacts, etc).
2. Any questions regarding benefit issues or physician participation status should be directed to your insurance company. We will help with what we can but we don't know each contract and its benefits.
3. We expect any co-pay to be paid at the time of service. If payment is not made at the time of the service a \$10 administrative fee will be added to your account. It is part of your contract with your insurance for you to pay your copay at the time of service.
4. We are collecting partial payment for the high deductible insurances at the time of your visit. We will bill you for any remaining balance after your insurance processes your claim. We make every effort possible to determine what is allowed by your insurance. We realize there could be a conflict with your HSA or FSA account if an over payment is made. Please be aware of your deductible status.
5. We will file a claim on your behalf to all insurers with whom we are currently participating. If we are not participating with your insurer, you are responsible for paying in full at the time of service. We do not participate with all insurers so please check with your insurance to verify that you are covered here. Some insurers require you to list a Primary Care Physician (PCP). Please make sure one of our doctors is listed so they will pay for your visit here.
6. Many offices do not bill a secondary insurance company, but we will bill most secondary insurances as a courtesy to our patients. Please make certain you have all your current insurance information available at check in so we are able to provide this service. We will not submit for a copay in many instances.
7. We will submit for motor vehicle accident (MVA) claims but we do not submit for Workers' Compensation or any liability claims. We do not treat workers' compensation injuries, therefore, we refer you out to someone who does.
8. Returned checks will incur a \$30 returned check fee. In the event of a second returned check, your privilege to pay by check on future visits will be terminated and you will be expected to pay with cash or credit card.
9. We require prior notification (minimum of 24 hours) if you are unable to keep your appointment. There will be a \$25 charge for all missed appointments. Chronic missed appointments could result in termination of care.
10. It is understood and agreed that in the event any outstanding balance has to be referred to a collection agency or attorney for recovery, the patient will be fully responsible for any cost, including, but not limited to attorney's fees. If there is no response to our continued efforts to reach the patient by phone or mail the patient will be told to seek medical care elsewhere. We work very hard to help you keep this from happening. Please keep in touch with us if there is a financial hardship.
11. We require that you sign a payment plan agreement if you are unable to pay the entire balance on your account by the due date. The amount paid each month will be determined by Brockport Vine Medical and must be paid in addition to any additional charges each month. It is your responsibility to make the monthly payment on time without additional reminders.

Signature: _____

Date: _____

Print Name: _____