

Patient Financial Policy
UB Orthopaedics & Sports Medicine (UBOSM)
Effective June 1, 2011

UB Orthopaedics & Sports Medicine (UBOSM) is dedicated to providing the best possible care for you. We offer the following information to help you understand our financial policy and aid you in planning for payment.

Insurance Verification and Co-payments

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due and payable at the time of service. All payments are expected to be made in U.S. dollars. UB Orthopaedics & Sports Medicine accepts cash, personal check, VISA & MasterCard. There is a service charge of \$25.00 for returned checks.

Patients with an outstanding balance of 120 days or more may be discharged from our practice unless a payment arrangement is made. Unpaid accounts, including payment arrangements not made, will be turned over to a collection agency.

Insurance Plan Participation

Listed below are some of the major insurance plans that UB Orthopaedics & Sports Medicine providers accept. It is the patient's responsibility to be aware of their insurance coverage, policy provisions and authorization requirements. Not all UBOSM providers participate with all insurance companies; please verify whether the physician accepts your insurance coverage when scheduling an appointment. We bill non-participating insurance companies as a courtesy to you. Any outstanding balances are the responsibility of the patient.

Medicare & Railroad Medicare, NYS Medicaid, Blue Cross Blue Shield of WNY (HealthNow), Independent Health Association, Univera Healthcare, Empire Plan, Worker's Compensation, Fidelis, Nova, North American Preferred, United Healthcare, Aetna /Magnacare, Tricare, POMCO

Self-Pay Accounts

Self-pay accounts shall exist if a patient has no insurance coverage. Payment is expected at the time of service, unless prior arrangements have been made with the physician's office.

High Deductible Plans (Health Savings Accounts or Health Reimbursement Accounts)

If you have a High Deductible Plan (ex. IHA iDirect, BCBS POS, ActiveUnivera) you will be required to pay a deposit prior to services being rendered. The deposit will be applied to your total cost, you will be billed for the balance owed or issued a refund for an overpayment.

No-Fault/Workers Compensation

Patients are responsible for providing our office with all information required to properly submit charges, i.e. name of insurer, claim number, date of injury, etc. Without this information, the fees mandated by New York State will be charged to reflect our private fees and you will be responsible for payment. If you have private insurance with which we participate and you obtain the necessary referrals/authorizations, we will submit bills on your behalf to your private insurer and bill you for any unpaid balance.

Medicare

We are “participating physicians”. This means that we must accept Medicare’s allowed charge for services rendered. Medicare will pay 80 % of the approved amount. The patient is responsible for the remaining 20% plus any out of pocket deductible. We will write off the difference between what we charge and what Medicare approves. If you have secondary insurance, we will submit the claim for the remaining balance after Medicare has paid.

Please remember that although we accept assignment for Medicare, the patient, by federal law, must be held responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

Custodial Parent Responsibilities

The custodial parent is responsible for payment at the time of service whether the account is considered self-pay, participating insurances, or nonparticipating insurance. The office does not get involved with divorce specifics, e.g., one parent pays 80% and the other 20%. It is the parents' obligation to work out an agreement themselves or through the court system.

Cancellation Fee

A fee of \$35 may be charged for any appointments missed or not cancelled within 24 hours of the scheduled visit. It is the patient’s responsibility to notify the physician’s office when an appointment needs to be cancelled or rescheduled.

Late Fees

Patient balances are due within 30 days from the date of the initial statement. A \$15 late fee will be assessed on each patient statement generated after the first until the outstanding balance is paid. Please contact the billing department if you are unable to pay your balance so a payment plan can be set up.

Image Fee

Upon request, we will provide you with a copy of your images on CD. The first copy will be provided at no cost to you. Additional or replacement copies will be at a cost of \$10 per study.