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BILLING POLICY

Thank you for choosing our office for your health care needs. We are committed to providing you with the best possible medical care regardless of whether or not you have health insurance. In order to achieve this goal, we need your assistance and your understanding of our billing policy.

Payment for services is due at the time services are rendered unless we participate with your insurance. In that case, your co-pay, any deductible, or any amount not covered by your insurance will be collected at the time of your visit. We accept cash, checks, Martercard and Visa. Any unpaid personal balance over 30 days old will be subject to a \$5.00 billing charge. This billing charge will be added to your account balance every 30 days a payment is not received. If we do not hear from you for more than 90 days we will send you a letter notifying you that your account will be sent to collections if we do not hear from you within 10 days. If your account is sent to collections we will discharge you from the practice.

We realize that temporary financial problems arise that may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We're here to help you.

We will gladly discuss any questions you have in regards to our billing and your insurance. Please call Rita at our billing service at 1-800-535-1335 with any questions you have about your bill. Rita will contact us if she is not able to resolve the problem, and you are free to call us as well if you do not feel that Rita was able to help you. Please keep in mind that:

1. Your insurance coverage is a contract between you, your employer, and the insurance company. You are ultimately responsible for the bill regardless of your insurance coverage. If your insurance requires a deductible to be met, it is your responsibility to know what the deductible amount is and whether or not you have met the deductible for that year.

2. The fees that we charge fall within the acceptable range set by most insurance companies and therefore are usually covered under the allowance determined by each insurance carrier.

3. Insurance companies often will pay for services based on a time schedule. Well child visits and PAP tests are two examples. While we make every effort to help you, the number of insurance plans we deal with and the fact that your employer may change contracts without our knowledge, prevent us from being able to take responsibility to advise you whether a service is covered. You are advised to know your plan and its limitations. Once a service is rendered you become responsible.

As health care providers, we must emphasize again that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, the charges are your responsibility from the date the services are rendered. If your insurance company denies your claim, it is your responsibility to find out the reason for that denial.

Once again, we are here to help you and we are willing to make adjustments to your bill if special circumstances make it difficult for you to pay the while balance due. Please be in touch with us about problems you may have in paying your bill.

WE OFFER WELLNESS AND PREVENTIVE CARE!

What has, in the past, been referred to as a "complete physical", or "annual exam", is our opportunity to review your health status with you. We call this a "wellness visit" in order to emphasize our focus on your health and well being. A wellness visit includes reviewing your past medical history, your social history, and your family history, and using this data to address your age appropriate wellness needs. These may include things like cancer screening, immunizations, appropriate blood tests, and imaging tests (e.g. mammograms). We will also take the time to address any significant risk factors you have for developing serious disease and try to work with you to lower your risk. As Ben Franklin said, "An ounce of prevention is worth a pound of cure".

Various insurances use various terms for this wellness visit, including "annual exam", "complete physical", and others, but all these terms refer to the same thing we call a wellness visit. It is your responsibility to know whether or not your insurance covers this type of annual visit, as we deal with so many different insurances it is impossible for us to know, for any particular patient, whether or not this is covered, or how often it is covered.

Patients often ask us to address problems while they are here for their wellness visits - either chronic problems or new ones. We understand that you do not want to come back for another visit if the problem can be addressed while you are here. When we deal with a problem, we are required to charge for a problem visit in addition to the charge for the wellness visit. There are times when we simply don't have time to deal with problems in addition to the wellness issues, so sometimes we will ask you to schedule another visit. We do our best to address all your needs while you are here.

It is confusing when your insurance statement shows charges for two types of service when you were only here once. Feel free to call us with questions you may have about these charges. But please understand that this is how your insurance requires us to bill.

As always, thank you for helping us to help you.