



CNY DIAGNOSTIC IMAGING FINANCIAL POLICY

August 1, 2011

CNY Diagnostic Imaging Associates is pleased and appreciates that you have chosen our practice for your imaging. Our first concern is your care.

The fees you or your health plan pays are our sole source of financial support. Our goal is that you understand your payment obligation and we will do our best to assist you. If you have any questions about your financial obligation, please call our Billing Office at 315-CNY-XRAY (269-9729) Option #3.

For your convenience, we accept cash, check, or VISA, Mastercard, Discover and American Express credit, FSA, HSA or debit cards. You may also pay your bill on-line by visiting our website www.cnyxray.com.

- **INSURANCE CARD(S)** - Present your current insurance card(s) at each visit.
- **MEDICAID and MEDICAID MANAGED CARE** - Present your card at each visit.
- **CO-PAYMENTS** – Your co-payment is due at the time of service. A \$10.00 statement fee will be charged to your account if you do not pay your co-payment then.
- **DEDUCTIBLES** – You are required to pay your deductible, including high deductible plans, within 30-days of billing.
- **MINORS** – The parent and/or guardian accompanying the minor is responsible for providing current health plan information, paying the co-payment at the time of service, and any co-insurance balance within 30-days of billing. Please be aware we do not get involved in any divorce decree/child custody issues.
- **MEDICARE ADVANTAGE PLANS** – Present your Medicare Advantage Plan card and your traditional Medicare Card. The Medicare Advantage Plan will be billed and all deductibles and co-payments are within 30-days of billing.

- **SELF-PAY (no health plan coverage)** – You are required to make a minimum of 1/3 payment at the time of service. We offer a 20% discount on your bill *if paid in full* at the time of service.
- **STATEMENTS** – You will receive a statement for the balance owed after your health plan pays. Payment is due within 30-days of receipt. If payment is not received after 30-days you will receive a final notice with two options, remit payment in full or agree to a payment plan. Payment for both options is due within 10-days of receipt of final notice or your account will be *referred to a collection agency**.
- **WORKERS' COMPENSATION** – Supply our office with the following information: WC Insurance Carrier Name, employer name, time and date of injury and WCB claim number (if known). Failure to supply this information will result in your account being reclassified to self-pay status.
- **NYS NO FAULT** – Supply our office with the following information: NF insurance carrier, date of accident and claim adjuster name and phone number. You will be required to sign a NF Assignment of Benefit form. Failure to supply this information will result in your being reclassified to self-pay status.
- **LIABILITY/SCHOOL INSURANCE** – We will submit a claim as a courtesy. If payment is not received within 30-days of billing your account will be reclassified to self-pay status.
- **INSURANCE QUESTIONNAIRES** – Your insurance carrier may request you complete paperwork regarding student status, pre-existing condition, other insurance carrier information, medical record release etc. Failure to supply this information will result in your account being reclassified to self-pay status.

Thank you.



Christopher P. Tirabassi
Practice Administrator

**Collection agency – A third-party company that collects debts on our behalf. Failure to settle your account in a timely fashion may affect access to future appointments and your account may be referred to credit reporting bureau.*