

## **PATIENT FINANCIAL RESPONSIBILITY CONSENT FORM**

Please read this important information carefully about your responsibility around payment for services.

### **PROVIDER PARTICIPATION:**

The providers at AdvantageCare Physicians (ACPNY) are participating with most insurance plans. To avoid unexpected charges, please confirm that your health plan is accepted by your ACPNY provider. Patients are responsible for understanding the provisions, limits, deductibles, co-insurance, copayments, and other requirements of their individual benefit plan(s).

### **APPOINTMENTS WITH PROVIDERS WHO ARE NOT PARTICIPATING IN YOUR PLAN / NO SURPRISE BILLING:**

ACPNY strives to schedule you for services with a provider who is participating with your insurance plan. If you are scheduled with a non-participating provider, we will advise you in advance in compliance with the NYS No Surprise Bill Act ACPNY will attempt to seek payment from your insurance company to obtain reimbursement for services provided. Patients seeing a non-participating provider will be responsible for co-payments or deductibles including out of network deductibles as per their insurance policy. If you receive services that are part of an out of network benefit, your portion of financial responsibility may be higher than the in-network rate. A notice of your rights and your patient protections against surprise billing is available in our offices and on our website. By signing this financial agreement, you are acknowledging that you were provided access to this notification.

### **UNINSURED PATIENTS:**

If you are uninsured or not using insurance, you are entitled to receive a Good Faith Estimate explaining how much your health care may cost. You have the right to request a Good Faith Estimate in paper or electronic form. By using the myACPNY patient portal, you agree to receive a copy of your Good Faith Estimate electronically via the portal. Otherwise, you will receive your Good Faith Estimate for your scheduled appointments in paper, when required by law. myACPNY portal is always available, should you want to find pricing estimates for services we provide across our organization. By signing this financial agreement, you are confirming that you have been notified of this right and wish to receive any Good Faith Estimates via myACPNY.

### **THIRD PARTY BILLING AND COVERAGE:**

Please be aware that, except as contractually agreed upon otherwise by ACPNY, or as otherwise provided by state or federal law, patients are responsible for ensuring payment for all medical services provided. ACPNY will submit claims to all third-party insurance plans for our patients. ACPNY will accept participating negotiated payment rates from all participating plans outside of any contracted patient responsibility as payment in full. If your insurance plan requires you to pay a co-payment and/or deductible, you will be required to pay that portion as your patient liability, in full, at the time of service. If payment is not received at time of service, you will be billed.

### **IDENTIFYING YOUR COVERAGE:**

Please bring your insurance card with you to each visit. On your first visit, please bring two forms of identification, one of which must be a state picture ID. We will make a copy of your ID and insurance card for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance company. ACPNY will attempt to confirm your insurance coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. It is your responsibility to ensure that all coordination of benefits between plans are accurate and on record for all insurance policies.

Should services not be covered due to lack of insurance coverage or due to Coordination of Benefits not being managed, you will be billed directly for said balances.

**LABWORK:**

Throughout the course of your care, ACPNY may send blood and/or specimen samples to a variety of clinical laboratories. If your insurance plan contains restrictions or limitations on lab work, please make that known to our staff before your blood is drawn or sent for processing. There may be some specialty tests ordered that only a limited number of reference labs can perform. In those instances, in accordance with applicable state and/or federal law, patients will be responsible for the fees incurred at those labs if their insurance does not participate with them. If you have questions about bills received for laboratory charges or insurance coverage available to you, please contact the clinical laboratory in question and / or your insurance carrier.

**CO-PAYMENTS, DEDUCTIBLES AND CO-INSURANCES:**

Patients are responsible to pay their copayment and/or deductible and any past due balances at the time of service. After each visit and after all applicable insurance claims have been processed, you may be billed for any outstanding balances.

**WELLNESS/PREVENTATIVE VISIT:**

ACPNY follows the American Medical Associations coding and documentation guidelines. If you or your child are seen for a wellness or well child visit, and during this routine visit an abnormality is encountered or a preexisting problem is addressed, the appropriate problem-oriented evaluation and management service will be coded in addition to the preventive code. This may result in additional charges, such as copayment.

**myACPNY / ELECTRONIC MEDICAL RECORD AND ELECTRONIC STATEMENTS:**

ACPNY has a secure patient portal, myACPNY, where you can access your billing statements at any time. **By creating a myACPNY account, you are also automatically enrolled for paperless billing.** You can view, print, and pay your AdvantageCare Physicians bill online from the Billing menu. When you have a new bill statement to be paid, you will be notified by e-mail as well as by mobile notifications if you have the myACPNY mobile app and have allowed notifications. Your After Visit Summary (AVS) will also be available to you in your myACPNY account. You can schedule appointments, view lab results and message your provider via myACPNY. To sign up go to [my.acpny.com](http://my.acpny.com) and select the "Sign Up Now" button.

**PAYMENT PLANS:**

Patients who have a myACPNY account can create automatic payment plans for outstanding patient balances. The payment plans allow you to create a flexible monthly payment using the secure portal. Please note that a credit card must be shared via the myACPNY account for payments to be automatically applied as scheduled.

**BAD DEBT / THIRD PARTY COLLECTION AGENCIES:**

Failure to pay your balance due may result in ACPNY referring your delinquent/outstanding balances to a third-party collection agency. Should your account be subject to collection proceedings, this may affect your credit rating. Please review all billing statements to ensure that your account remains in good standing.

**BILLING QUESTIONS:**

ACPNY has contracted with Change HealthCare for billing and collection services as an extension of our organization. Billing questions and concerns should be directed to their office at 1-800-871-1370 from 8:30AM to 4:30PM EST. You can also send messages to our billing team via the myACPNY secure patient portal.

**Patient Signature and Date:**

\_\_\_\_\_  
**Patient**

\_\_\_\_\_  
**Date**

**Witness Signature and Date:**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**