



PATIENT FINANCIAL RESPONSIBILITY CONSENT FORM

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

SURPRISE BILLING:

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 B.D4age 6u



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