

FINGER LAKES RADIOLOGY

FINANCIAL POLICY

Medicare/PPO/HMO/Managed Care: You are responsible for remitting co-pays at the time of service and unless otherwise indicated, responsible for obtaining the necessary referrals/authorizations your plan requires. If you fail to do so, you will be responsible for payment. High deductible plans are responsible for a \$200.00 payment at time of service. These are policy provisions which you agreed to adhere to when you signed up for the plan. We will submit all charges and follow-up with your carrier for payment. You are responsible for all deductibles, co-pays and any other non-covered charges.

No-Fault/Workers Compensation: You are responsible for providing our office with the necessary information needed to properly submit charges. If you fail to do so, the fees mandated by NY State will be changed to reflect our private fees and you will be responsible for payment. Some No-fault carriers have deductibles on medical charges, for which the patient (not the insured) is responsible. If you have private insurance we will submit on your behalf and bill you for any unpaid balances.

Medicaid: You are responsible for providing our office with your ID# (begins with 2 alpha letters, followed by numerical digits & ending with 1 alpha letter). If you have a managed Medicaid plan (Fidelis Care, Total Care, etc) you are responsible for obtaining a referral from your Primary Care Physician; otherwise payment will not be made. If you fail to do so, you will be responsible for payment.

Non-participating Carriers: You are ultimately responsible for all charges if we do not have a participation agreement with your insurance carrier. If you provide our office with the necessary information needed to properly bill, we will submit on your behalf. You are responsible for following-up with your insurance carrier for unpaid claims and/or appeals. You are responsible for all deductibles, co-pays, and non-covered charges.

Liability: Carriers usually remit payment to the patient or the patient's attorney if one has been retained. OUR POLICY DOES NOT ALLOW US TO HOLD ACCOUNTS WHICH ARE PENDING RESOLUTION OF ANY LIABILITY OR LITIGATION ISSUES. WE DO NOT, UNDER ANY CIRCUMSTANCE, BILL ATTORNEYS. If you provide a letter from the liability carrier indicating they accept full responsibility and will remit payment, we will submit on your behalf. Otherwise, you may either have charges submitted to your private carrier or pay for services and obtain reimbursement upon resolution/settlement.

Self-pay: If you are uninsured, you are responsible for remitting payment in full at the time of service. If you need further explanation of any of the above policies, please contact the Billing Department directly at 1-800-539-7310 ext. 241. Thank you for your cooperation in this matter.

Cancellation Policy: Please kindly give 24hour notice for all cancellations. This allows Finger Lakes Radiology to accommodate much needed exams as efficiently as possible. Due to the length of the MRI exam, multiple exams are not encouraged and as a result, exams scheduled against this recommendation will result in a cancellation fee for uncompleted exams with less than 24hours notice. A Double MRI cancellation will result in a \$50.00 cancellation fee. A Triple MRI cancellation will result in a \$100.00 fee.