

Christopher Beney, MD.,PC.
FINANCIAL POLICY

INSURANCE: We participate in most managed care plans and will bill your insurance plan as may be necessary. If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangements have been made in advance. We may be able to bill your plan as a courtesy to you and credit your account if we receive any additional payment. Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures is your responsibility; please contact customer services at your insurance company for questions you may have regarding your coverage. You are responsible for any charges not covered by your plan. We do not accept Worker's Compensation

- **Proof of Insurance.** All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to time of service. Insurance denials for termination of coverage will be automatically billed to you.

- **Co-payments and deductibles.** All co-payments and unsatisfied deductibles must be paid at the time of service. By contractual law your insurance company requires us to charge for, and you to pay for, all required co-payments, coinsurances, deductible and non-covered services.

- **Claim submission.** We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. New York insurance law requires your insurance company to provide timely payment. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid. We are not a party to your insurance contract.

- **Referrals.** If your managed care plan requires approval or authorization for referrals to a specialist, radiological imaging, medical facility care, etc., it is your responsibility to inform the office of this requirement prior to referral.

We require 72 hours notice to facilitate a referral request and cannot issue retroactive referrals.

OUT-OF-NETWORK CARE / SELF PAY: Please be aware that you have an option to seek care from Physicians even

though they are not participating in your network. In this situation, your out-of-pocket expense will be greater. As a

courtesy to our out-of-network patients, we will file your insurance claim if desired, and offer a 10% reduction from our usual fees. This benefit also applies to individuals without insurance.

I certify that I, and/or my dependent(s) have insurance and assign directly to Dr. Christopher Beney all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid or not paid by Insurance. I authorize the use of my signature on all Insurance submissions. I also acknowledge the use of my health care information by the above physician may be disclosed to insurance company and their agents for the purpose of obtaining payment for services and determining benefits payable to related services.

Patient Name _____ DOB _____

Signature _____ Date _____