



Buffalo Endovascular & Vascular Surgical Associates

Financial Policy

Thank you for choosing Buffalo Endovascular and Vascular Surgical Associates! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. Any balance older than 30 days is the patient's responsibility and will be referred for collection if left unpaid.

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a billing specialist.

How May I Pay?

We accept payment by cash, check, and all major credit cards.

Do I Need A Referral or Pre-certification?

If your insurance plan requires a referral authorization from your primary care physician or a pre-certification from your insurance, you need to contact your primary care physician or insurance company to be sure it has been obtained. If we have not received an authorization prior to your arrival at the office, your appointment will be rescheduled.

Which Plans Do You Contract With?

Buffalo Endovascular and Vascular Surgical Associates accepts most major insurance plans. It is always best for you to contact your insurance company prior to your appointment to see if we are participating providers.

What Is My Financial Responsibility for Services?

It is your responsibility to verify that the physicians and/or facility in which you are seeking treatment are an authorized provider under your insurance plan. Your insurance company should make a current provider listing available to you.

What If I Have Billing or Insurance Questions?

A staff of dedicated professionals supports Buffalo Endovascular and Vascular Surgical Associates. Our office staff has the expertise to assist in most financial matters. If they are unable to assist you, they will direct you to our billing office, which will better assist you with your questions.

Your financial responsibility depends on a variety of factors, explained below:

Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
HMO & PPO plans with which we have a contract	<p><u>If the services you receive are covered by the plan:</u> All applicable copays are required at the time of the office visit. If you have a deductible policy, we will require a \$75.00 payment towards your visit.</p> <p><u>If the services you receive are not covered by the plan:</u> A payment of \$75 is required at the time of your visit.</p>	Accept your initial payment and file an insurance claim as a courtesy to you.
HMO with which we are <u>not contracted</u>, Point of Service Plan, or Out Of Network PPO	A payment of \$75 is required at the time of your visit. You may be billed for other services that are rendered at the time of your visit.	Accept your initial payment and file an insurance claim as a courtesy to you.
Medicare	<p>If you have Regular Medicare, and have not met your \$110 deductible, we ask that you pay \$75 toward your visit. Any services not covered by Medicare will be billed for.</p> <p><u>If you have Regular Medicare as primary, and also have secondary insurance or Medicaid Spend down:</u> No payment is necessary at the time of the visit after your Medicare deductible has been met.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is required at the time of the visit.</p>	Accept your Medicare deductible (if applicable) and file the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	All applicable copays and deductibles at the time of the office visit.	Accept your initial payment and file an insurance claim as a courtesy to you.
SELF-PAY/ NO INSURANCE	There will be a charge of \$75 to be applied towards your visit. This is subject to fluctuate with services rendered.	You are responsible for the entire payment of services rendered.
Worker's Compensation	<p><u>If we have verified the claim with your carrier</u> No payment is necessary at the time of the visit.</p> <p><u>If we are not able to verify your claim</u> Your appointment will need to be re-scheduled.</p>	Schedule your appointment after your worker's compensation carrier has verified the accident date, claim number, primary care physician, employer information, and referral procedures.

Surgery

If your physician recommends surgery, your physicians' medical assistant will schedule your surgery. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and forward the request to complete all pre-certification/authorizations to our authorization specialist.

You will be notified if there is a co-payment due for your surgery. This will need to be paid prior to your procedure.

What if I missed my appointment to see the Physician?

We understand that on rare occasions, issues may arise causing you to miss your appointment without the ability to notify our office prior to your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office to have it rescheduled.

Our highly skilled Physicians are committed to your wellbeing and have reserved time just for you. **Patients that miss more than one appointment, without notifying our office 24 hours prior to the scheduled appointment, are subject to a \$25.00 cancellation fee. This also applies for Doppler appointments.**

These same Physicians have also reserved the time to commit to your surgical procedures. We require a 48-hour notice to cancel your surgery. **If you cancel your surgical procedure within less than 48 hours, you will be charged a \$100 cancellation fee.**

What if I have Forms that need to be filled out?

We have a \$15 fee that is charged for forms to be filled out, as these forms can be extensive and take time to fill out accurately.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, deductibles and any charges older than 30 days from the date of service, are my responsibility and if left unpaid will be sent to collections.

I authorize Buffalo Endovascular and Vascular Surgical Associates to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim. I authorize my insurance benefits be paid directly to Buffalo Endovascular and Vascular Surgical Associates.

Date

Signature

Printed Name