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OFFICE FINANCIAL POLICY

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We pride ourselves on, and our patients appreciate the high quality, attentive, individualized care that we deliver in a supportive and unhurried manner. To maintain this quality of service we are not able to accept the reduced rates that insurance carriers offer to in-network physicians. For this reason, *we do not participate in any insurance plans other than Dr. Matera's participation in the Columbia University United Healthcare POS plan.* Thus, full payment for services is expected on the day that the service is rendered, with the exceptions outlined below.

As a courtesy to you, we will assist you by electronically sending the claim to your insurance carrier, or as a paper claim if electronic claims are not accepted. If you prefer to do your own submissions, we advise that you submit your claims promptly because payment will be denied if not received in a "timely fashion" The "timely filing period" differs between insurance carriers but can be as short as 3 months. Regardless of the method of submission, we will give you a receipt that contains all of the necessary information required for you to get reimbursement from your insurance carrier. We ***strongly recommend*** that you keep track of your claims because we cannot be held responsible for any lack of payment on the part of the insurance. If our office electronically submitted your claim and you have not received payment within 6 weeks, our Financial/Collections Manager may be able to assist you.

Since we are not contracted with any insurance companies, the reimbursement checks will be sent to you. If the insurance company erroneously sends the check to us, we will reimburse you. Unfortunately we cannot simply endorse the check and forward it to you for 2 reasons; 1) the payments are oftentimes bundled with those of other patients, and 2) tax reporting issues. On a monthly basis we review the status of each and every patient account and issue refund checks if the overall account has a credit balance.

At times, your insurance company will ask for a copy of your records or a Letter of Medical Necessity letter before issuing a reimbursement. These tasks will be provided once we have received a completed medical record release form from you. Copies of this form can be obtained from our staff or on our website. A copy fee of \$0.75 per page may be charged. The fee for a Letter of Medical Necessity or the telephone conversation depends on the complexity of the issue and length of the letter/phone call. The fee is \$100 for a 1 page letter or phone call and \$50 for each additional page. By and large, the vast majority of these letters are 1 page in length.

Columbia University (CU) United Healthcare

Applicable co-pays must be collected at the time of each service and you are responsible for any payments that have been assigned to your deductible or co-insurance, or any infertility services that have been rendered after you have exceeded the lifetime benefit limitation. There are no exceptions to this policy. Failure to collect copays, coinsurance or deductibles is considered insurance fraud. Our Financial/Collections Manager will be happy to discuss these services and fees with you.

Medicare

In January 2006, we "opted out" of Medicare and we are obligated to maintain a yearly contract with the Medicare patients who receive care by this Practice. Services provided to you in this office cannot be sent to Medicare for reimbursement. Testing that we order, but that is performed at a Medicare participating facility, will be covered by Medicare. We generally work with facilities that participate with Medicare.

EXCEPTIONS

1. Situations when insurance assignment will be accepted as full payment

For those rare occasions where assignment is accepted we will submit the claim to the insurance carrier. In these circumstances, the patient remains responsible for the coinsurance and payments that are applied to a deductible. There are

no exceptions to this policy. Failure to receive payment of coinsurance and deductibles is considered insurance fraud. If the insurance company sends the reimbursement check to you, please endorse the back of the check and send it to our office along with the attached Explanation of Benefits (EOB) and any amounts due as the coinsurance or deductible. If you have any questions about this, please call our Collection/Financial Manager.

3. Surgery

We recognize that surgery is often unexpected and costly. Our policy is to accept a partial pre-payment at the pre-op visit and establish a payment plan for the balance. We will submit the charges to your insurance carrier on the day of or after the surgery. If you have not received reimbursement from your insurance carrier within 60 days of the surgery date, please inform us so we can continue to work on your behalf to get you the insurance reimbursement that you deserve.

Prior to the surgery date, we will obtain the precertification, if necessary, from your insurance carrier. ***It is your responsibility to ensure that this has been completed.*** Please speak with our Financial/Collections Manager at your pre-operative appointment.

4. Hospital or Emergency Room Visits

Given the unexpected nature of these events, we will submit the claim to your insurance carrier and bill you for the unpaid balance. If the payment is not received within 90 days of submission, we will bill you for the full amount. Despite the payment, we will continue to work on your behalf to obtain the reimbursement that you deserve. ***It remains your responsibility to advise your Insurance Carrier that you have visited an Emergency Room, if this is required by your plan.***

5. In Vitro Fertilization (IVF), Donor Egg (DER), Frozen Embryo Transfer (FET), and Oocyte Cryopreservation (OC); collectively "ART"

Payment for Phase 1 of "ART" cycle (the part provided by MWHF) must be made in full prior to starting hormone treatment. Once the cycle is complete we will submit these services to your insurance company and provide you with a statement. Please note that many insurance carriers do not cover IVF or any infertility services. The laboratory component of the IVF process is performed by NYU Langone and payment should be made directly to them. They will obtain the precertification for their services (if necessary) but it is your responsibility to confirm that this has been completed. NYU does not perform insurance submissions on your behalf, unless they are participatory with your plan. It will be your responsibility to obtain the necessary paperwork to submit to your insurance company. It is best to discuss this directly with their financial department.

OTHER MISCELLANEOUS FINANCIAL ISSUES

1. Appointment Cancellations

We do our utmost to coordinate our patient appointment calendar according to our patients' needs. If you feel that you require extra time with the physician, please express this to our staff. On the other hand, if you are unable to keep a scheduled appointment, we appreciate a cancellation notification within 48 working hours so we can accommodate other patients. We reserve the right to charge \$50 for routine appointments and \$100 for extended appointments that are not cancelled within the 48-hour window.

3. Finance Charges

It is our office policy to apply an 18% annual finance charge to all accounts that are 60 days overdue. These charges can be avoided by prompt payment of the bills. If you have questions about a bill that you have received, please call the office and speak with our collections manager.

In situations where payment is not forthcoming we reserve the right to report the patient to a nationally recognized credit bureaus and to submit the claim to a Collections Attorney. Any attorney fees or charges incurred to collect this balance will be transferred to the account of the patient and she will be responsible for full payment.

4. Method of Payment

All payments can be made with cash, check or credit card (MasterCard and VISA).