

## **COMPLETE WOMENS CARE**

Scott Berman, M.D., P.C.  
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### **FINANCIAL POLICY**

Complete Womens Care thanks you for allowing us to provide for your healthcare needs. We strive to provide the best medical care at all times. Our medical practice is a business like any other, and so financial policies such as this are necessary. Please appreciate and respect that we must enforce this policy so that we can continue to provide the highest standard of medical care. Please read this policy carefully. Any questions or concerns please ask to speak with our Office Manager, Cindy Miliotto.

#### **Responsible Party**

Scott Berman, M.D., P.C., d/b/a Complete Womens Care will gladly submit claims to your health insurance company for the services provided. However, any charges accrued on the account are your responsibility. You will be expected to follow-up on any unpaid or incorrectly paid charges, regardless of insurance coverage. We will be happy to assist you in any way we can, but you are ultimately responsible for timely payments on your account.

#### **Billable Services**

Scott Berman, M.D., P.C., d/b/a Complete Womens Care will charge for professional services, as well as supplies used for your care.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care will charge for all follow-up services.

Occasionally, a patient will be scheduled for one type of service but the Physician may diagnose and treat another problem in addition to the scheduled service. When appropriate, Scott Berman, M.D., P.C., d/b/a Complete Womens Care will charge for the additional service. Some insurance companies will not cover both services, which may result in a denial, a higher co-pay, or the need for a return visit.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care reserves the right to charge for reporting, consultation, coordination of care with other providers and/or other services provided on your behalf. Your insurance may not cover these services.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care has the right to charge \$25 for missed appointments, including same day appointments, as well as being non-compliant. This fee may change without notice.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care may charge a fee to complete multiple and/or extensive forms to our patients.

**What Is Due at Time of Office Services Provided**

If you have insurance coverage, all co-pays, co-insurance, and deductibles are due at the time of service.

Some insurance companies require secondary co-pays for certain office procedures. Please make yourself aware of your insurance coverage to prevent confusion during your office visits.

We are required by contract with your insurance company to charge all co-pays for all visits and/or procedures. Failure to do so is a breach of contract on our part. We apologize but because of this, we cannot waive co-pays.

Payment is due in full at time of service from non-Scott Berman, M.D., P.C., d/b/a Complete Womens Care patients (tourists, etc.), regardless of insurance coverage.

Payment in full is due at the time of service from accounts with a “Bankruptcy” status.

If payment is not made within the specified amount of time, a certified letter of dismissal from our practice will be issued. Scott Berman, M.D., P.C., d/b/a Complete Womens Care will provide EMERGENCY CARE only for thirty (30) days after the date of the certified letter to allow you time to find another Physician/Provider for your health care needs. You will not be eligible to see any of the Physicians or Providers at Complete Womens Care after the thirty-day notice has expired.

**Method of Payment**

Payment to Scott Berman, M.D., P.C., d/b/a Complete Womens Care may be made in any of the following ways: Cash, Check (including cashier’s checks and money orders). No third-party checks accepted. And Credit Cards (Visa, MasterCard, Discover and American Express).

**Insurance Coverage**

It is your responsibility to provide accurate insurance information to Complete Womens Care at the time of service. We will make every effort to verify coverage prior to each appointment but it is ultimately your responsibility to know all details about your insurance coverage.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care will create and submit claims to your health insurance company on your behalf. However, we reserve the right to refuse insurance and collect payment in full from you in certain situations (i.e. out of state Medicaid, insurance information provided after claim filing deadlines, etc.).

Scott Berman, M.D., P.C., d/b/a Complete Womens Care will not submit claims directly to an automobile insurance carrier. You will be responsible to submit the claim to the appropriate no-fault carrier.

It is your responsibility to verify that the doctor you have chosen is a participating provider under your insurance plan, prior to receiving services.

**Insurance Coverage Continued**

It is your responsibility to verify benefits under your plan. You will be responsible for any non-covered services and services considered to be over “usual, reasonable and customary”. You will also be responsible for amounts not paid for by your insurance company for any reason, unless the amounts are contracted under Complete Womens Care’s agreement with your insurance company.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care must, under Federal Law, accurately report the services provided to you. Your insurance company may not pay for all services received. Complete Womens Care cannot change the service or diagnosis codes (unless there was an error) to establish, secure, or increase insurance reimbursement. We must report the exact services provided and the exact reason for providing them.

In the event that your insurance carrier mails payment directly to you for a claim submitted by Scott Berman, M.D., P.C., d/b/a Complete Womens Care, it is your responsibility to ensure we receive payment.

Your signature on this policy authorizes Scott Berman, M.D., P.C., d/b/a Complete Womens Care to release health information to insurance carriers when necessary for payment, and directs them to remit payment directly to Scott Berman, M.D., P.C., d/b/a Complete Womens Care (assignment of benefits).

**Billing Account Statements**

Account statements will only be sent out on accounts that have balances. Statements will show both patient’s (private) and insurance balances. Patient balances are due by the date shown on the statement. We appreciate your remittance promptly.

It is your responsibility to provide Scott Berman, M.D., P.C. d/b/a Complete Womens Care with your correct address and phone numbers. If a statement is returned for an invalid address, your account may be turned over to an outside collection agency.

**Interest**

A finance fee will accrue monthly on accounts with private balances older than thirty (30) days.

**Payment Plan Options**

Scott Berman, M.D., P.C., d/b/a Complete Womens Care may, and solely at their discretion, offer monthly payment plans to help manage your health care costs. The terms of each payment plan will be discussed, put in writing, and will require a signature to indicate agreement. The terms may vary, again, at the sole discretion of Scott Berman, M.D., P.C., d/b/a Complete Womens Care.

Payments are due on or before the agreed upon date. If payments are late or missed, your account may be turned over to an outside collection agency without notice. Failure to follow any or all of the payment plan requirements will render the payment agreement null and void.

**Payment Plan Options Continued**

Payment plans are intended to help bring past-due amounts current. All future co-pays and deductibles are required at the time of service and will not be added to a payment plan.

**Credits**

Any insurance credits or over-adjustments will be returned to the appropriate insurance company.

Any patient credits or overpayments will first be used to pay past-due balances, including those that may have been referred to an outside collection agency.

If patient balances have been resolved, patient credits will be returned to you (or the person/organization that paid). Please allow 2-3 weeks for processing. Smaller credits (generally under \$20.00) may be left on the patient's account to be used for future co-pays and/or deductibles.

**Collections Agency**

Your account may go to collections for the following reasons that include but are not limited to:

Invalid patient demographic information that prevents Complete Womens Care from contacting you regarding your account.

Failure to provide valid insurance information in a timely manner.

Failure to pay patient account balances.

Failure to adhere to payment plan agreements.

Scott Berman, M.D., P.C., d/b/a Complete Womens Care makes every effort to work with you to keep your account out of collections. However, in the event that your account is referred to a Collection Agency, you will be responsible for the balance of the account in addition to a collection fee. You will be responsible for any interest, service fees and/or legal fees that accrue while your account is in collections.

**Returned Checks**

Checks are electronically submitted at the time of services. We are if we cannot accept your check, open your account, or cash your check at the time of service. Our decision is based, in part, on information provided to us by TeleCheck.

If you have received a turndown, our decision may also be based, at least in part, on TeleCheck's need for additional information. We encourage you to call or write TeleCheck's Check Writer Services Office to obtain the information in TeleCheck's files.

Write TeleCheck's Check Writer Service Office: P.O. Box 4513, Houston, Texas 77210-4513

Or, call TeleCheck 24 hours a day: 1-800-366-2425

**Returned Checks Continued**

Please provide the following information so TeleCheck may respond promptly to your request: Your driver’s license number and the state where it was issued, the banking numbers printed along the bottom of your check and your Social Security Number. TeleCheck may request additional information, as well.

If your check is returned, you will be required to pay for services by another means; such as cash or credit card in order to keep your scheduled appointment. If you do not have another means of payment available at the time of your appointment, you will be asked to reschedule.

**Bankruptcy**

If Scott Berman, M.D., P.C., d/b/a Complete Womens Care receives notice of a filed Bankruptcy case on your account, we will make the necessary adjustments according to the Bankruptcy Law.

Your account will be placed in “Bankruptcy” status, and you will be required to pay in full at the time of future service, regardless of insurance coverage. We will be happy to submit a claim to your insurance on your behalf and, if your insurance pays on the claim, you will receive a refund.

Your account will main in “Bankruptcy” status for two (2) years from the bankruptcy file date. If there has been no collection activity (multiple statements, letter, etc.) during that time, the bankruptcy status will be removed from your account and normal payment policies will apply.

**Dismissal from Complete Womens Care/Our Practice**

Scott Berman, M.D., P.C., d/b/a Complete Womens Care reserves the right to dismiss patients from our practice for non-payment. If you have established a history of non-payment on your account, you may be eligible for dismissal.

Prior to dismissal, Scott Berman, M.D., P.C., d/b/a Complete Womens Care will issue a certified letter informing you of our intent to dismiss unless payment in full is made on your account. Payment in full includes your current account balance, in addition to any amounts that have been referred to an outside collection agency.

If payment is not made within the specified amount of time, a certified dismissal letter will be issued. Scott Berman, M.D., P.C., d/b/a Complete Womens Care will provide EMERGENCY CARE only for thirty (30) days after the date of the certified letter to allow you time to find another Physician for your health care needs. You will not be eligible to see any of the Physicians or Providers at Complete Womens Care after the 30-day notice has expired.

**Questions and/or Concerns**

If you have any questions and/or concerns regarding your billing account, or need clarification on any of the financial policies, please contact us immediately and certainly before signing this form. Our billing company will be happy to assist you with future concerns as they arise.

Your signature below denotes understanding of the Financial Policy and agreement to abide by its provisions.

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Date

