NEW YORK BARIATRIC GROUP

PATIENT FINANCIAL RESPONSIBILITY

At Bariatric and Specialty Surgery Center of Paramus**,** we believe that an important part of the service we provide is educating our patients about their benefit plan, coverage, and financial responsibilities. Once we have verified your coverage and benefits with your insurance carrier, we will be able to discuss your financial responsibility with you. The information we provide will be **our very best estimate** of your portion of the bill, based on the information from your carrier. This may change depending on the services provided or claims from other providers that are processed ***after*** your benefits are verified.

HELP US PROVIDE YOU WITH ACCURATE FINANCIAL INFORMATION

- ✓ Bring a photo ID with your legal name and correct address; let us know if you have a separate mailing address
- ✓ Provide us with a current e-mail address
- ✓ Provide us with phone numbers (primary and an alternate)
- ✓ **Bring <u>all</u> current insurance cards; please do not forget about secondary, supplemental, or other insurance policies (this includes Medicare and Medicaid)**
- ✓ Let us know if you have a Medicare replacement plan or Medicare Advantage plan; we'll need that insurance card in addition to your Medicare card
- ✓ If your procedure is related to a motor vehicle accident, workers compensation claim, or will be processed by the Department of Labor, let us know so we can ensure that the appropriate approvals are in place.

COMMONLY USED TERMS USED REGARDING YOUR COVERAGE

Co-payment or Co-pay: A fee that your insurance plan may ask you to pay for a specific type medical service, or type of visit, or for a supply. For example, your health insurance plan may require a $150 co-pay for an X- Ray, or $50 for a brand-name prescription medication, after which the insurance company often pays the remainder of the charges.

Deductible: An out-of-pocket expense established by your insurance carrier and your benefit plan that must be met on an annual basis. Once you have paid, or "met", your deductible, your insurance plan will begin to make payments for claims. **We encourage you to contact your carrier for the most up-to-date information regarding your deductible.**

Co-insurance: The amount that your insurance company requires you to pay for covered medical services **<u>after</u> you've paid applicable co-pay or deductible fees**. Co-insurance is typically shown as a percentage of the charge. For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as co-insurance. Many insurance plans with co-insurances will specify what is called an "out-of-pocket-maximum", which means once the established fee level has been reached, you will no longer be responsible for co-insurance fees.

Patient Financial Responsibility: The amount of money that is your responsibility, which is the total of any applicable deductible, co-pay and/or co-insurance monies owed.

**The examples listed above are generic examples and are NOT based on your individual insurance plan. Please call your insurance company to verify your benefits.

Questions? We're here to help!
Call us and ask to speak with a member of our billing team.
(201) 447 - 2676

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IMPORTANT BILLING INFORMATION

Bills are typically submitted to your primary insurance carrier within three days of your visit with us. If you have a secondary insurance company, a claim will be submitted to the secondary insurance after the primary insurance claim has been properly processed by your insurance carrier.

We will make every effort to ensure that you receive coverage in accordance with the specifications of your benefit plan.

You will see separate bills for the services provided to you.

- Your **physician** will bill for his/her services.
- The **surgery center** will bill for providing facility services, much like you would receive from a hospital (**but less expensive!**).
- If **anesthesia services, pathology services, or other laboratory services** are involved in your care, those services will also be separately billed.

REFUNDS

We greatly appreciate your willingness to remit payment at the time of service! Patient responsibility is based on information provided by your insurance carrier, and reflects amounts owed at the time your benefits are verified, usually within a few days of your surgery or procedure.

Occasionally, another provider's claim will process between the time of benefit verification and when the Center's claim is processed, which may result in a refund being owed to you.

Refunds are typically processed within two weeks of receiving that information from your insurance carrier. **If you receive an EOB indicating that you are owed a refund, and you have not heard from us, please call us!** You may receive that correspondence before we do and if we are able to verify the information (or if you can provide us with a copy of the EOB), we'll be happy to expedite refund the process for you.

If you have questions about a bill you receive or correspondence from your insurance carrier, please contact us.

Thank you for the opportunity to be your outpatient health service provider.

Questions? We're here to help!
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