

Carnegie Hill Imaging for Women, PLLC
Carnegie South Imaging for Women, PLLC

PRACTICE BILLING POLICY

IMPORTANT NOTICE TO PATIENTS

The following sets forth the general billing policy of Carnegie Hill Imaging for Women, PLLC and Carnegie South Imaging for Women, PLLC (collectively “Carnegie Imaging for Women”). Please review this information and sign where indicated.

Carnegie Imaging Accepts Most Plans under the Following Insurances

Aetna
Blue Cross / Blue Shield (no Healthy NY)
Oxford
United Healthcare (no Community plan)
Cigna
GHI (non Medicaid plans)
HIP (non Medicaid plans)

If you are covered by an insurance plan other than those listed, you must make payment arrangements with our billing staff prior to your first visit with one of our providers. Not all plans from all payors are acceptable. Please speak with a billing representative to confirm that your plan will cover your charges while a patient here.

Even if you are enrolled in a plan that Carnegie Imaging participates with you should reach out to your carrier when you initiate care here to familiarize yourself with the limits of your policy and what it will (and will not) provide coverage for. It is a patient’s responsibility to understand the provisions, limits, and requirements of their individual benefit plan(s) and advise us accordingly.

Patients who come to our practice on a ‘self-pay’ basis, either because they don’t have insurance or participate in a plan that Carnegie Imaging does not accept, are responsible for fees associated with their care at the time of service. Any dealings between an out-of-network carrier and a patient seeking reimbursement from them, including adherence to plan requirements and limitations, is a patient responsibility. Upon request, Carnegie Imaging is happy to provide documentation that patients need to submit to an insurance carrier for potential reimbursement.

Patient Balances

Co-insurance, plan deductibles and co-payments are features of most insurance plans. We are required by law to collect these fees from patients in all cases.

Payment for outstanding deductible balances, coinsurance and co-payments are expected upon registration on the day of scheduled services.

Payment Denials and Delays

If a carrier denies payment for services because a plan requirement was not met, the plan benefits were exceeded, or they consider a procedure experimental, patients will be held accountable for those charges.

The practice will not be responsible for claims incorrectly processed by payers, nor can it mediate disputes between a patient and insurance carrier as to how patient claims are paid. Patients will be responsible to pay any balances assigned to them by their insurance carrier, and will be required to work with the carriers directly to resolve any processing disputes.

The practice reserves the right to bill patients directly for clean claims not paid by their insurance carriers within 30 days of submission as mandated by the NYS Prompt Payment Regulations.

Medicare/Medicaid Coverage

Our physicians do not participate in, and are not recognized as providers in the Medicare or Medicaid programs. If a Medicare or Medicaid patient chooses to seek care with us, they will be classified as a self pay patient and are required to pay full fees for services at the time they are rendered. As mandated by federal law, patients cannot subsequently submit any fees paid to Carnegie providers to either Medicare or Medicaid for reimbursement.

Our providers and clinical staff are further prohibited by federal law from providing assistance in completing forms or writing prescriptions that would enable patients to receive benefits from either the Medicare or Medicaid program.

Secondary Insurance Coverage

Carnegie Imaging does not bill secondary insurance on behalf of its patients. When designated as 'patient responsibility' after claims are reconciled with primary payors, the charges are due and payable directly from the patient to the practice. Carnegie Imaging will provide patients with HCFA claim forms they can submit for reimbursement to secondary payors once their accounts are paid in full.

Precertification and Repeat Ultrasound Scans

Several plans require pre-certification for ultrasound testing. Additionally, payers will often deny payment for scans at separate facilities done on the same day, like second opinion visits. It is critical that patients advise our billing staff when they have had scans performed at other facilities so that we can assist them in complying with this requirement. Otherwise, patients will be responsible for payment denials based on undisclosed prior services.

Laboratory testing

A partial list of the laboratories that Carnegie Imaging sends samples to is as follows:

Integrated Genetics (formerly Genzyme): Genetic blood testing, CVS & Genetic Amniocentesis

NTD: First trimester aneuploidy testing, Quad screens

Quest: Amniocentesis for fetal lung maturity

Mt Sinai: FFN testing from Carnegie Hill

NYU: FFN testing from Carnegie South

If an insurance carrier requires that your testing be done at labs other than those listed above, it is a patient's responsibility to make that known to our staff. Furthermore, we cannot accurately predict circumstances where insurance companies deny coverage for laboratory services on the basis of medical necessity. In rare cases we can re-route testing to other labs, but in most cases we cannot. Any unpaid or uncovered laboratory service fees are a patient responsibility.

FFN testing

Many of our patients have serial FFN testing done with us here at Carnegie Imaging. Many carriers consider FFN testing experimental and are very restrictive about the circumstances under which they will pay for this testing. Patients having FFN testing are responsible for the associated fees regardless of whether their carriers provide coverage. If you have concerns in this regard, please find out from your carrier whether they will pay for this testing. If you would like to decline testing on the basis of not being willing to potentially assume financial responsibility for it, you must make that known to our staff.

Genetic Counseling

Genetic counseling is provided in our offices by fully certified genetic counseling professionals from Integrated Genetics (formerly Genzyme). All fees related to counseling services are handled directly between patients and Integrated Genetics.

Appointment Cancellation Policy

If you need to cancel or re-schedule an appointment, you are required to notify us as soon as possible, but no later than **24 hours** in advance of an ultrasound appointment. Without this notification, you will be responsible for a **\$75.00** cancellation fee in accordance with the schedule outlined below.

Please phone our office as soon as you are aware that you will be canceling your appointment. If you phone our office after hours, please leave a message to cancel or reschedule and we will confirm with you by phone on the next business day.

Cancellation charges are not covered by insurance and are due and payable prior to any future appointments.

Miscellaneous Billing Policies and Provisions

It is a patient's responsibility to provide Carnegie Imaging with current, accurate billing information at the time of check in and to notify the Practice of any changes in this information.

Personal checks that are returned for "Insufficient Funds" will result in a \$45 administrative fee. This surcharge also applies to 'non-authorized' or 'insufficient funds' associated with credit card rejections.

There is a \$15.00 surcharge fee on every 'Balance Due Bill' generated for any deductibles, co-payments, co-insurance charges or any uncovered service charges not paid at the time a statement is presented to patients.

The practice reserves the right to charge finance fees as allowed by law for unpaid balances exceeding 30 days.

Patient balances are due at the time of claim adjudication or prior to service for uninsured patients. Balances that are outstanding for more than 60 days may be sent to an outside collections service. Patients will be responsible for any collection, interest or legal expenses associated with collection efforts.

There is a \$20 charge for the completion of each disability form requested.

The practice charges a fee of \$.75 per page for copies of medical records and a reasonable charge for electronic copies of diagnostic images when requested. Mailing costs other than First Class Mail are in addition to copying charges.

Our billing staff is committed to assisting patients in navigating these diverse and complex requirements so as to minimize any potential charges patients might be held accountable for. If you have doubts about your coverage or have any questions as to what your potential financial responsibility might be for services performed in our practice, please ask to speak with one of our billing associates.

Please sign below to indicate that you have read this notice, understand the information it contains, and that any questions you might have about the information presented herein have been answered to your satisfaction. Your signature below also validates that you have been offered a copy of this document for your personal records.

Patient Name (please print): _____

Patient Signature: _____

Date of Signature: _____

CIFW Representative (please print): _____

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