



## Summary of Faculty Group Practice Financial Policies

Thank you for choosing NYU Langone Medical Center for your medical care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible.

Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to submitting your insurance claim for reimbursement.

Your health insurance policy is a contract between you and your health insurance company or your employer. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations, limits on outpatient charges, and any requirements for specific physicians, labs and/or hospitals to

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**Payments**

Payment is due at the time services are provided or upon receipt of a statement from our billing office. We accept payment in the form of cash, check, money order or credit card (*American Express, MasterCard, Visa and Discover*). Returned checks are subject to a fee of \$20.00. We do not accept checks.

As a service to our clients, we provide a courtesy [bill pay reminder] call and possibly other important calls that may be placed using a prerecorded message. By providing your cell phone number, you consent to receiving such calls at this number.

**Non-Medical Fees**

Additional fees may apply to the following:

- Returned Checks
- Completion of disability or other forms
- Copying of medical records

**Missed Appointments**

Generally, NYU FGP requires a 24 hour (1 business day) cancellation notice for most office visits. Procedures and surgeries may require 48 hours (2 business days) or more. Please note that weekends and holidays are not considered business days. If you miss your appointment, or do not cancel with the required notice, additional fees may apply:

Office Visit:	\$50	New Patient Visit:	\$75
Second Office Visit	\$75	Procedure/Surgery	Per Dept Policy

**Out-of Network Providers**

If the doctor is not in your insurance plan, the following apply:

- Full payment is due at the time of service for routine visits.
- Payment expected on the date of service may be an estimate of your total charges.
- You will be quoted an estimated fee before services/procedures are performed.
- A deposit is required prior to the date of service for elective surgeries and procedures.
- Even if you have out-of-network benefits, you are ultimately responsible for the full fee charged.
- Depending on your plan, payment may be sent to you. If you receive this payment, you must reimburse NYU Faculty Group Practice immediately.

**Non-Covered Services**

**Medicare Patients.** Medicare may not cover some services your doctor recommends. You will be informed ahead of time and