# Practice Billing Policy

*The following text is reprinted from the billing policy document patients sign electronically at the time of registration. Please take time to familiarize yourself with its contents. It contains valuable information for patients to be mindful of during the course of their pregnancies.*

## IMPORTANT NOTICE TO PATIENTS

The following sets forth the general billing policy of Maternal Fetal Medicine Associates, PLLC (MFMA), Carnegie Hill Imaging for Women, PLLC and Carnegie South Imaging for Women, PLLC ("Carnegie Imaging for Women"), collectively called the "Practice."

Please review this information carefully and accept where indicated.

### The Practice 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) – Carnegie Imaging only
HIP (non Medicaid plans) – Carnegie Imaging only

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 the Practice 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 the Practice 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, the Practice 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 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.

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## 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 the Practice 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

The Practice 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. The Practice 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.

## Coverage Limitations Related to Obstetrical "Global" Plan Allowances

The payment provided by insurance companies to the Practice physicians for obstetrical care (the "global" fee) is limited to the following:

- All routine outpatient prenatal visits
- Obstetrical delivery, and
- One (1) "well" post-partum visit (does not include visits for treatment of complications related to pregnancy or medical issues unrelated to pregnancy)

There are many other services and fees incurred during the course of pregnancy care that may or not be covered. A partial list of fees that are not included in the global insurance payment for obstetrical care is outlined below

- Ultrasound and other diagnostic testing performed in our imaging affiliate, Carnegie Imaging for Women, or elsewhere.
- Initial office visit or consultation to confirm pregnancy
- Office or hospital visits related to unexpected pregnancy complications, emergent hospitalizations and/or matters unrelated to pregnancy
- Charges resulting from laboratory testing

## Insurance Policy Changes and Terminations

We find that a significant number of our patients change policies during the course of their OB or GYN care here, and/or terminate their obstetrical policies prior to their post partum visits. These events frequently trigger unexpected and significant changes in the level of reimbursements carriers provide for care, particularly global obstetrical payments. In some instances, these reimbursement changes are not known until several months after delivery when insurance companies 'charge back" the Practice against prior payments made on a patient's behalf.

In all instances where carriers reduce contractual payments to the Practice based on changes a patient made to their insurance policy, the patient is responsible to pay any resultant balance against charges incurred while under our care.
It is therefore highly recommended that patients fully discuss the financial ramifications of any policy change being considered while under the care of our providers with their insurance providers. It is particularly important for patients who carry policies for their obstetrical care only that they not terminate those policies prior to the post partum visit (see section below).

Maternal Fetal Medicine Associates
The High Risk Pregnancy Experts

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## Insurance Terminations Prior to the Post Partum Visit

Patients are strongly advised not to terminate their insurance policies prior to the post partum visit. The global fee that insurance companies provide to the Practice for obstetrical care includes payment for normal, uncomplicated post partum visits only. Should your post partum visit require an ultrasound evaluation, PAP smear, or treatment for any residual problem resulting from your pregnancy, the visit will not be covered if your insurance has been cancelled. You will be held responsible for any potential charges.

## Typical Fees Not Covered By Insurance Plans

### Lab Work

Throughout the course of your care the Practice will send blood and tissue samples for analysis to a variety of clinical laboratories. For our patients' convenience, a Patient Service Center is located on the first floor of our 90th Street location where most routine blood work can be performed. The Patient Service Center is independently owned and operated – the Practice has no role in the provision of services or billing processes that result from the work done there.

A partial list of Practice routing policies for routine patient laboratory samples (routine blood chemistry, pap smears, cytology, etc) is as follows:

#### General Laboratory Testing:

Oxford Patients : LabCorp
United Patients: LabCorp
Blue Cross/Blue Shield LabCorp
Aetna Patients: Quest

#### Specialty Testing:

Integrated Genetics: Genetic carrier testing, CVS & Genetic Amniocentesis
NTD: First trimester anueploidy testing, Quad screens
Panorama and/or Sequenom: NIPT testing
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 necessary. 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.

It is a patient's responsibility to advise the Practice if their insurance plan contains restrictions or limitations on lab work before blood is drawn or sent for processing. Provided you let us know in advance of a test being performed, we can in many instances route routine samples to labs that will accept your insurance. Otherwise, we send to the laboratories noted above. There may be some specialty tests required that only a limited number of reference labs are capable of performing. In those instances patients will be responsible for the fees incurred at those labs if their insurance does not participate with them.
Please be aware that the Practice has no role in or control over billing issues related to clinical laboratory fees. If you have questions about bills received for laboratory charges or insurance coverage available to you, please contact the clinical laboratory in question and/or your insurance carrier. We regret that our billing staff cannot be of assistance to you in mitigating laboratory charge issues.

### Genetic Counseling

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

### FFN Testing Advisory:

Many of our patients have serial FFN testing done with us here during their pregnancies. 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.



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## Cord Blood Sampling

Many patients are interested in cord blood preservation at the time of birth. Whether a patient chooses to bank cord blood, or which company they choose to partner with, is completely up to them. The physicians at THE PRACTICE do not endorse any one of these firms nor do they specifically endorse cord blood banking.

Fees associated with cord blood banking are not covered by insurance. If patients choose to privately bank their baby's blood they will be responsible for two separate fees; one charged by the physicians for cord blood collection at the time of delivery, and another fee(s) charged by the cord blood banks for storage.

### Private Cord Blood Collection

- The fee charged by THE PRACTICE to cover physician expenses associated with private cord blood collection at the time of delivery is $250. In the event of multiple gestations, the fee is multiplied by the number of babies from which cord blood is collected.
- The storage fees charged by private cord blood banks vary widely among companies. The Practice has no role in setting or administering fees for cord blood storage.

### Public Cord Blood Collection

Patients have the option to store cord blood with public, non profit banks. Unlike private banking, if a patient chooses public banking it is free of charge. There are no fees associated with storage, and the Practice will waive the physician collection fee.

If you are interested in cord blood banking, please discuss this option with your physician during one of your prenatal visits so that you can make a fully informed decision about this option.

## Appointment Cancellations

When you make an appointment, we reserve a significant amount of time specifically for your consultation. Unfortunately, when a patient doesn't show for their scheduled appointment, another patient loses an opportunity to be seen.

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. We require 24 hours' notice to cancel an appointment without incurring a "No-Show Charge" of $75.00. "No Show Charges" are not covered by insurance and are due and payable prior to any future appointments. Patients who miss appointments because they have delivered are not charged a cancellation fee.

## Miscellaneous Billing Provisions and Polices

- It is a patient's responsibility to provide the Practice 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.
- The practice reserves the right to charge finance fees as allowed by law for unpaid balances exceeding 30 days.
- Patient balances (coinsurance, copayment and/or deductibles) are due at the time of service. 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.

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.

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