<u>Columbia University Medical Center</u> <u>Patient Payment Policy</u>

Patient Name:	MRN #	Date:
Thank you for choosing the Division of	of the Department of	at Columbia
University Medical Center. We understand that man confusing so we have outlined our practice's policy.	• •	
What Is My Financial Responsibility?		
Your financial responsibility depends on a variety of	factors, explained below. Please check of	ff which insurance type applies to
the patient.		
<u>Pav</u>	ment for Office Visits and Services	

(1) If You Have	(2) You Are Responsible For	(3) We Will
☐ Managed Care or Commercial Indemity insurance plan and the provider is not a participating provider or benefits are considered out-of-network.	Paying 100% of the provider's full charges.	Submit an insurance claim to your insurance carrier on your behalf.
☐ Managed care plan and the	Obtaining referral authorization, if applicable	Inform you of any services not covered
physician <u>is</u> a participating provider or benefits are considered in-network	Paying your deductible, copayments and any other financial obligation as stated in your plan	by your plan. Submit an insurance claim to your insurance carrier
☐ Traditional Medicare	Paying your deductible if it is not yet met for the calendar year, as well as any services not covered by Medicare. If you do not have secondary coverage or Medigap, you will also be asked to pay the 20% Medicare coinsurance.	Submit the Medicare claim, as well as any claims to your secondary insurance. For services that may not be covered by Medicare provide you with a Medicare ABN or Waiver for signature.
☐ Traditional Medicaid	Area Specific: Generally, you are responsible for no payment when the physician's office accepts Medicaid. If Medicaid is not accepted, you may be responsible for the visit charge upfront.	If Medicaid is accepted in your physician's office, we will bill Medicaid. If Medicaid is not accepted, we will collect the visit charge upfront.
☐ Worker's Compensation or No Fault	Providing to our staff a valid case number, accident date, insurance name and address, adjuster name and phone number. Providing authorization for the service if needed. Providing an AOB form for your No Fault carrier. No payment is due at the time of service.	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
☐ Uninsured	Paying 100% of the provider's full charges	Work with you to settle your account.

Patients Who Are Minors

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages, or must provide complete and accurate information about the guarantor on the insurance that will be billed.

company, as well as applicable copayment and receipt of patient statement.	Agreement Confirmation Incial Policy. I understand that charges not cove I deductible are my responsibility and are payab Cotty to	ole immediately upon
I authorize Division of	of the Department of medical information to my insurance company	at Columbia
Patient or Guarantor Printed Name	Patient or Guarantor Signature	 Date