

Richard M. Greene, M.D., P.C.
2150-2140 South Clinton Avenue
Rochester, NY 14618
P) 585-256-0555 F) 585-256-0583

Financial Agreement

Dear Patients, Parents and/or Legal Guardians:

We respectfully request that you please take a moment to review the practice's new financial agreement. This agreement explains our financial policy, the reasons for our policy and acknowledgement of Payment Responsibility & Authorization to Charge Credit Card. This policy will take effect on April 1, 2019 and supersedes any financial agreements previously signed with our practice.

Part I. Reasons for our policy: Having health insurance is not a guarantee of payment or coverage for services. The reasons may include, but are not limited to the following:

1. You have not met your insurance policy's deductible.
2. Your insurance policy requires you to pay a copayment.
3. Your insurance company has changed the copayment amount for which you are responsible.
4. There is no coverage or exemptions for the medical service(s) under your insurance policy.
5. Your insurance company retro-terminates your insurance policy for reasons such as nonpayment of premium, failure to fill out requested forms/paperwork, etc.
6. Your insurer voids or retrospectively terminates any, and all, benefits under your insurance policy.
7. There is a shift in payment responsibility from your insurer to you, the patient.
8. Your insurance policy requires a referral to a dermatologist, and your referring doctor did not create one through your insurance company.

As a result of the aforementioned, it has been our experience, as well as the experience of many other medical practices, that the trend of requiring patients and/or responsible parties to pay for an increasingly larger portion of the treating doctor's bill will continue. This places a larger burden of financial responsibility on the insured/patient, the patient's guardian and/or the patient/insured's family. It has also been our experience that on numerous occasions, our medical practice has not been reimbursed for medical services rendered to the patient and/or insured.

Medical practices have reacted to the uncertainty of reimbursement by implementing a point of service collection model for patients with deductibles, which means they require patients to pay a flat rate (for example \$200) on the day of their office visit. In addition, they may require patients to pay for services in full and require the patient to seek reimbursement from the insurance company themselves.

We would like to continue to be a practice that accepts insurance reimbursement and not require patients to pay a flat rate deposit upfront for their services. We do, however, need patients, parents and/or legal guardians to reimburse us the fees for which they are responsible. The most efficient way to do this is to permit us to keep your credit card on file and charge your credit card for any outstanding balances. Balances will only be charged after your insurance has paid their portion and notified us of the amount of your share.

Example from another industry: As you know, if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is electronically imprinted and encrypted and later used to pay for your bill and/or any incidental charges that may be incurred. This is an advantage for both parties, since it makes checkout easier, faster and more efficient.

Effective 4/1/2019

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We have implemented a similar policy and find that this process eliminates the possibility of identity theft. We believe this is a safer way for patients to pay for their balances as opposed to our current process which requires a patient to send us their credit card information via mail. This will be of advantage to you, since you will no longer have to write out and mail us a check. It will be an advantage for us as well, since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping prevent identity theft and keep the cost of health care down. This will NOT compromise your ability to dispute a charge or question your insurance company's determination of payment.

Please rest assured that the information you provide us will be secure as we use a software service that provides a high level of security similar to the one used whenever you make a hotel reservation or book a flight online. Your credit card information is not stored in our systems, only your authorization. Your credit card information is encrypted and stored in a manner that is inaccessible to any of our staff or other party at Easy Pay Solutions, with whom Richard M. Greene, M.D., P.C. has had a trusted and long-standing business relationship.

Part II. Our policy:

Copays are due at time of visit and any unpaid balances will incur a \$10 late fee. Late balances are defined as balances that are unpaid and have aged 30 days or more. Please refer to *Part I. Reasons for our policy, #1-8*, for examples of patient balances.

We reserve the right to apply any credits or unapplied payments to outstanding balances of the patient and/or dependents.

Patients 18 years of age or older, who are covered under a parent/guardian's insurance policy, are still financially responsible to pay their copays, deductibles, coinsurances and/or any other unpaid balances.

It is our policy to request every patient, parent and/or legal guardian to provide us with credit card authorization for any outstanding balances for services rendered and determined to be the responsibility of the patient, parent and/or legal guardian. Credit cards are processed **only after** the claim has been filed and processed by your insurance company.

The aforementioned policy of requesting every patient, parent and/or legal guardian to provide us with a credit card authorization does not apply to self-pay patients who pay for their services at the time of the visit. Furthermore, exceptions can be considered upon request, on a case-by-case basis, and as otherwise put forth by state and/or federal law including, but not limited to, emergency and/or urgent care.

In the event you decline to have a credit card placed on file, a late fee of \$10 will be added to your account for any balances we must attempt to collect through mailing a monthly statement. **PLEASE BE ADVISED THAT IN THE EVENT THERE ARE ANY OUTSTANDING BALANCES, WE MAY REFUSE TREATMENT AND/OR REFUSE TO SCHEDULE AN APPOINTMENT FOR YOU**, unless such refusal is otherwise prohibited by state and/or federal law including, but not limited to, emergency and/or urgent care.

Our office requires patients to notify us of a cancellation at least 24 business hours prior to a scheduled appointment in order to avoid a \$50 fee. Any patient who fails to appear for their scheduled appointment will also be assessed a \$50 "No Show" fee. All fees must be paid in full prior to booking another appointment.

We reserve the right to review any and/or all delinquent accounts for dismissal. Delinquent accounts are defined as accounts with unpaid balances that have aged 90 days or more.

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Part III. Acknowledgement of Payment Responsibility & Authorization to Charge Credit Card:

I hereby have read and understand the practice's financial agreement, which includes Part I. Reasons for our policy, Part II. Our policy and Part III. Acknowledgement of Payment Responsibility & Authorization to Charge Credit Card.

I have addressed any/all questions, and the practice has answered them to my satisfaction.

I understand that I am personally responsible for the payment of medical treatment provided to me and/or my child/dependent by Richard M. Greene, M.D., P.C.

I further understand that the payments for which I may be personally responsible include, but are not limited to, copayments, deductibles and/or balances or fees that are not covered by my own and/or my child/dependent's health insurance policy.

I hereby provide Richard M. Greene, M.D., P.C. with my credit card information to be collected, encrypted and stored through Easy Pay Solutions.

I hereby authorize Richard M. Greene, M.D., P.C. to charge my credit card, as indicated above, for balances due for services rendered which the insurance company identified as "not covered" and/or identified as the "patient's responsibility".

I understand that generally I will be notified via electronic mail or via regular mail with a copy of the credit card receipt, which allows me to check my credit card statement to ensure its accuracy.

I am aware that if my insurer pays Richard M. Greene, M.D., P.C. after my credit card has been charged, my credit card will be promptly reimbursed in the amount paid by my insurance company. Alternatively, if I so desire, I can request that Richard M. Greene, M.D., P.C. retain all or some part of that amount as a credit on my account to be used for my next visit.

I understand that this authorization will remain in effect until I cancel this authorization. To cancel this authorization, I will give a written 60-day notification to Richard M. Greene, M.D., P.C. I also understand that my account must be in good standing and that no balance exists in order to cancel this authorization.

I affirm that I am authorized to incur this charge to my credit card and hereby authorize Richard M. Greene, M.D., P.C. to charge any/all current and future outstanding balances.

I understand that Richard M. Greene, M.D., P.C. reserves the right to change these terms and conditions at any time without prior notice.

Please retain this copy for your records. Your signature will be obtained in the office as an acknowledgement.