

**RICHARD M. GREENE, MD, PC  
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**FINANCIAL AGREEMENT AND CREDIT CARD POLICY (Revised 9/1/2021)**

*(Please read carefully prior to your appointment)*

As you know if you ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is imprinted and later used to pay your bill. This is an advantage for both you and the hotel or car rental company since it makes checkout easier, faster and more efficient.

We would like to make it simple for you to pay for any services that are your responsibility. We are requesting patients to place a card on file for all services that are billed to your insurance company. We accept Visa, Mastercard, Discover, American Express and/or medical payment cards (such as a HSA, FSA, etc.). **If you are not sure of your insurance benefits, including your deductible and coinsurance amounts, please contact your carrier. If you have a high deductible plan, it is recommended that you provide a credit card or medical payment card.** We do everything possible to maximize your insurance benefits.

This policy will be advantageous to you since you will no longer have to write and mail us a check for your balances. Also, this will have a positive effect on the environment. This payment process will not compromise your ability to dispute a charge or question your insurance company's determination of payment.

As we continue to strive to protect the security of your personal information, your card information is encrypted and stored in a high-security system using Easy Pay Solutions, with whom Richard M. Greene, MD, PC has had a trusted and long-standing business relationship.

**THE BILLING PROCEDURE:**

1. Office visit and/or procedure occurs.



2. Financial responsibility determined and collected at Check Out (i.e., co-pay)



3. Your insurance provider processes your claim.



4. All insurance adjustments and payments are applied to your claim.



5. Balance/credit, if any, applied to card on file. Receipt of card payment sent to patient.

**OUR POLICY INCLUDES THE FOLLOWING INFORMATION:**

- Copays are due at time of visit and any unpaid balances that have aged 30 days or more will incur a \$10 fee. Please note that the 30 day period begins the date your insurance company processes your claim.
- 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 and/or legal guardian's insurance policy, are financially responsible to pay their copays, deductibles, coinsurances and/or any other unpaid balances.

- There is a \$35 fee for returned checks due to insufficient funds.
- 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. Also, any patient who fails to appear for their scheduled appointment will be assessed a \$50 “No Show” Fee. All fees must be paid in full prior to booking another appointment.
- If your insurance requires a referral for any and/or all of your appointments, it is the patient’s responsibility to obtain such referral through their primary care physician.
- It is our policy to request every patient, parent and/or legal guardian provide us with a credit card and/or medical payment card authorization for any outstanding balances for services rendered and determined to be the responsibility of said person. Credit cards and/or medical payment cards are processed only after the claim has been filed and processed by your insurance company, at which time we will send a receipt through email or regular mail.
- The aforementioned policy of requesting every patient, parent and/or legal guardian to provide us with a credit card and/or medical payment card authorization does not apply to self-pay patients who pay for their services at the time of the visit.
- If you choose to opt out of placing a card on file or your credit card on file declines, there are three ways you can avoid a \$10 billing fee: **A. You can establish a patient portal account and log on to see a current balance and/or statement(s) (any statements sent through the portal will NOT incur a fee)** **B. You can call your insurance carrier for an explanation of benefits (EOB) and pay within the 30-day period (please note that the 30 day period begins the date your insurance company processes your claim)** **C. You can call us 3-4 weeks after your visit to inquire about your balance and pay your bill over the phone.**
- In the event you declined to have a card placed on file, a billing fee of \$10 will be added to your account for any balances we must attempt to collect (after a 30-day period) through mailing a monthly statement from our third-party billing company, unless you have opted to sign up for a patient portal account. Please note that the 30 day period begins the date your insurance company processes your claim. **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.
- We reserve the right to review any and/or all delinquent accounts for dismissal. Delinquent accounts are defined as accounts with unpaid balances 90 or more days past due.

**ACKNOWLEDGMENT:**

I have read and understand the financial agreement, and all questions have been answered to my satisfaction. I understand that I am personally responsible for balances my insurance company has labeled as “patient’s responsibility,” “not covered”, denied for no referral/prior authorization or if it is deemed cosmetic.

**AUTHORIZATION:**

I authorize Richard M. Greene, MD, PC, to securely maintain my credit card and/or medical card information and to charge my account in full for any outstanding balances after my insurance carrier has processed my claim(s), unless I have opted out. I agree to inform Richard M. Greene, MD, PC, of any changes regarding my credit card account number and expiration date. This agreement will remain in effect for the duration of your medical care at the office of Richard M. Greene, MD, PC, or until otherwise revoked in writing by the cardholder/patient.

I read, understand and agree to this policy.

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Signature (Patient’s parent or guardian, if minor) Date

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Print Name (Patient’s parent or guardian, if minor)

Patient has chosen not to place a card on file.