

**Cross Keys Internal Medicine, LLP
Financial Policy**

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you. Your clear understanding of our Financial Policy is important to our professional relationship. Please let us know if you have any questions. You can contact our Billing Office at 585.223.-4620 opt. 4.

As part of our commitment to have current and accurate information we request that you provide us with any changes in demographic or insurance information as soon as it changes. We will review this information at each visit. The most current insurance card will be scanned into our computer system for future reference.

We participate with the following insurance companies:

Excellus Plans	BC/BS Plans (including Blue Card Plans)
MVP	Medicare
Medicaid	Aetna
United Healthcare	Cigna
Fidelis	Wellcare
Martins Point-Tricare	RMSCO
PHCS/MultiPlan	

NYS of Health Exchange Products

The Individual Exchange has products that you as an individual would purchase. You would do this by either going onto the NYS of Health website or by calling the insurer directly.

The Small Business Exchange products are supplied to you by your employer.

Individual Exchange Products

Excellus.....Yes

Fidelis.....Yes

American Progressive..... No

HIPIC..... No

MVPNo

Freelancers.....No

GHI.....No

Small Business (SHOP) Exchange Products

Aetna..... Yes

Excellus.....Yes

MVP.....Yes

United HealthCare.....Yes

GHI..... No

Freelancers.....No

Co-Payments: Your insurance REQUIRES that we collect your copay at the time of your visit. Please be prepared to pay your copay after your visit when you are checking out.

Billing Fee: There is a \$10.00 Billing Fee when we have to send you a bill for your unpaid co-pay.

Deductibles: Your insurance may require that you pay towards a minimum deductible. We ask that you pay a portion of this amount after your visit when you are checking out. We will bill your insurance and you may be responsible for an additional amount which we will bill you for. Your cooperation in working with us with the insurance that you carry is appreciated.

Self-Pay Patients: We require payment at the time of service. If you are unable to pay the full amount, partial payment is accepted. Payment plans are available.

Insufficient Funds: You will be charged a fee of \$15.00 for all checks returned to us by the bank.

Request for Medical Records: There is a charge of \$0.75 per page for Medical Records requests not to exceed \$30.00 if you are transferring to another provider.