

Telephone: 646-697-9355

Fax: 212-746-8497

**FINANCIAL POLICY AGREEMENT**

We would like to thank you for choosing NewYork-Presbyterian / Weill Cornell Medicine Integrative Health and Wellbeing as your healthcare provider. We consider it an honor and privilege to participate in your care.

Understanding your financial responsibilities and expectations will save you worry and stress later. If you have any questions or concerns about our payment policies, please ask to speak with a member of our billing staff either by phone (646-697-9355) or in person.

**It is important that you read this policy carefully before you receive treatment.**  Payment is required at the time services are rendered. This includes applicable coinsurance, deductibles, and copayments for participating insurance companies as well as payment for all services not covered by insurance. ***Examples of known non-covered services are Mind-Body Therapy, Massage Therapy, Pilates and Yoga.*** Our practice will accept check, debit cards, and for your convenience, Visa, MasterCard, Discover and American Express. **We do not accept cash.**

**We are legally required to collect your co-pay & deductible.**

The Health Care Financing Administration (otherwise known as HCFA) is the federal government agency responsible for setting policy and overseeing the Medicare and Medicaid programs. HCFA has mandated that physicians and other providers of health care must collect co-pays, deductibles and co-insurances. This is enforced by the Office of the Inspector General (OIG).

We understand that things do happen and financial problems may affect your ability to pay the bill in full. We will always do everything we can to work with you. However, we ask that you contact us as soon as possible to work out an arrangement that is satisfactory for everyone.

We appreciate your trust in us and thank you for the opportunity to serve your healthcare needs.

*Assignment and release:* I authorize payment to be made directly to the Weill Cornell Medical College Department of Medicine Integrative Health and Wellbeing and fully understand that I am the responsible party for all charges incurred by me or my dependents at this facility. I also authorize the release of any and all information required to collect and process my claims.

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_*

# *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Weill Cornell Integrative Health and Wellbeing\* 436 East 69th Street between First and York Avenue 646-697-9355