Weill Cornell Medicine

FINANCIAL POLICY AGREEMENT

Patient's Name: _____ **DOB:** _____

Payment is required at the time of service. This includes all copayments and self-pay fees.

You will also be responsible for any ***coinsurance, deductibles,*** and ***non-covered services.***

> Individual insurance policies have varied coverage for things like *frequency of preventive visits or physicals, non-preventive services, blood work or labs, travel vaccinations*, etc. While we make every available effort to assist you, ***understanding the details of your coverage is your responsibility***.

Preventive Visits

If you have an appointment for your physical and your physician identifies a **specific medical issue,** or you ask the physician to address a specific medical issue, you will be charged for **both** your **physical** and a code related to the **other medical issue**. These services are generally covered by your insurance at the contracted fee schedule. However, because some insurances require a ***copayment* or *deductible for medical visits that are not strictly for preventive care, you may incur these charges for your visit.*** There may also be a charge for ***lab work*** **that is considered non-preventive**. If you prefer to address these in separate visits please inform your physician and we will be happy to schedule an additional appointment.

If you have any questions about our payment policies, please ask to speak with our billing staff.
Note that Labs and Radiology Imaging Tests (X-Ray, etc.) are billed separately by those offices so please contact them directly for any Lab or Radiology bills.

_____ _____
Signature of Patient/Guarantor/Authorized Guardian Date

_____ _____
Print name Relationship

Rev May 2018