

Newton Wellesley Surgeons, Inc.
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FINANCIAL POLICY

Welcome to Newton Wellesley Surgeons, Inc. We are looking forward to having you as a patient. Your health and well-being are our primary concerns and our goal is to make your appointment as easy and pleasant as possible. To inform you of our billing policies and define patient financial responsibilities, we have outlined the following information for your review.

Your insurance carrier assigns you the responsibility to know if you need a referral, have co-pays, deductibles, or co-insurance payments. We will help you in any way that we can in providing you with information. A referral is obtained from your Primary Care Physician and needs to be faxed to us prior to your visit.

Our office files all primary, secondary, and tertiary insurance claims as a courtesy to all of our patients, so long as the carrier information is provided to us before services are rendered. **All co-pays, co-insurance, deductibles, and other out-of-pocket expenses are due and payable in advance or at the time services are rendered unless prior written arrangements have been made with our Billing Department.** You may pay using cash, check or credit card. Please contact us with any questions you may have in advance of your visit. We are here to assist you and look forward to welcoming you to our practice.

Patients are responsible for providing us with **current** insurance carrier information prior to receiving services. Your insurance will be verified and benefits determined, however patients are strongly encouraged to contact their insurance companies and be familiar with their plan benefits and financial responsibilities. Some services require pre-authorization, documented referrals or medical necessity determinations. **Please Note:** A pre-certification / authorization are not a determination of coverage or a guarantee of payment. Coverage and payment for services are subject to the member's eligibility at the time services are provided, and the benefits, limitations and other specific terms of the health benefit plan at the time services are provided. The member may be responsible for charges incurred for unauthorized services. We are participating providers with many insurance carriers. If the member is receiving services from a non-participating provider, the member may have significant higher out-of-pocket expenses than if services are provided by a participating provider. We are glad to provide you with an estimate or anticipated costs in advance of your recommended treatment.

We are not permitted to waive patient co-pays, co-insurance or deductibles under our contractual carrier agreements and federal law. Your financial responsibility will be reflected on your insurance carrier's explanation of benefits. If you receive a screening procedure with positive findings, this may impact your financial responsibility as these findings may change the nature of the services. In the event that your financial obligation is reduced following claim processing, resulting in an overpayment, we will issue a prompt refund to you.

I have read and understand the Newton Wellesley Surgeons Financial Policy and agree to comply. I may request a copy of this policy at any time.

Patients Signature: _____ Date: _____

Printed Name: _____ Appointment Date: _____

** Please be advised that Newton Wellesley Surgeons requires 48 hours' notice to cancel an appointment. We reserve the right to charge \$50 for a missed clinic appointment that was not cancelled in advance. Thank you.*