

# Financial Policy Form

Please read this policy carefully and ask any questions you may have before you engage New York City Physician, P.C., dba NYC Home Medical ("NYC Home Medical") for services.

## PAYMENT FOR SERVICES:

Services that require payment are included on the fee attached to this policy. Payment for telehealth and house calls is required before NYC Home Medical performs these services. Payment for add-on services (medication fee, EKG fee, laboratory fee, or extra-time fees) are due within 48 hours of services rendered. We accept VISA or MASTERCARD for payment through our payment portal which utilizes a 3rd party, Instamed, to securely process your payments. NYC Home Medical will provide you with an itemized superbill and a receipt of payment.

## LATE PAYMENT FEES FOR SERVICES PROVIDED:

A late payment fee of 25% will be added to the superbill of any payment that is late after 48 hours of services rendered to one week after services rendered. An additional 25% will be added for each week that payment is delayed beyond the first week. After four weeks from the date of services rendered of non-payment, we may refer the collection of your payment to a collections agency which may affect your credit score.

## PAYMENT FOR MEMBERSHIP:

Payment can be made through VISA or MASTERCARD through our payment portal which utilizes a 3rd party, Instamed, to securely process your payments. NYC Home Medical will provide you with a receipt of payment. Payment for membership is due at the time of registration.

## MISSED APPOINTMENTS AND CANCELLATIONS:

Payment for telehealth and house calls is required before NYC Home Medical performs these services. Refunds will not be issued for missed house call appointments. Changes or cancellation to your house call appointment date and time can be made up to 24 hours in advance without any penalty. Any change or cancellation within 24 hours of your scheduled house call appointment will be considered a missed appointment for which no refunds will be issued.

## UNABLE TO PERFORM REQUESTED SERVICES:

If NYC Home Medical has to cancel your appointment, prior to services rendered, because we are unable to perform the requested services, a complete refund will be issued.

NYC Home Medical staff will perform a brief screening prior to performing house calls to do our very best to only perform house calls within the scope of our available services. If a house call is scheduled after passing the screening, you are responsible for the associated fees as documented in this policy. If a NYC Home Medical healthcare provider on the scheduled house call assesses the patient and determines that the care needed is outside the scope of care of NYC Home Medical, (for example, in a medical emergency, a NYC Home Medical physician may recommend immediately calling 911 for emergent ambulance transportation to an Emergency Department), no refunds will be issued.

## INSURANCE:

NYC Home Medical does not participate with Medicare, Medicaid, or private insurance services. We are completely fee-for-service. We can provide you with a superbill that you can choose to submit to your insurance provider for reimbursement for out-of-network care. We make no assurances that your insurance provider will provide

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reimbursement. We recommend that you contact your insurance provider directly for more information and for any questions or concerns that may arise.

## IMAGING STUDIES:

NYC Home Medical healthcare providers may refer you for diagnostic imaging services to be performed at unaffiliated imaging centers or by unaffiliated home imaging companies. These centers or home imaging companies will bill you directly. NYC Home Medical is not responsible for any fees associated with these services. If your insurance is accepted at these facilities, these centers will process your bills through your insurance company which may require a prior authorization process before your imaging tests can be scheduled. NYC Home Medical will try to refer you to an imaging center or home imaging company covered by your insurance plan but cannot guarantee that the imaging center or home imaging company participates in your insurance plan or that every imaging test we order is covered by your insurance plan. Contact the imaging center or home imaging company or your insurance company with any questions or concerns about fees, billing, prior authorization or coverage.

## REFERRALS:

NYC Home Medical healthcare providers may refer you to unaffiliated medical specialists for further medical care. These medical providers will bill you directly. NYC Home Medical is not responsible for any fees associated with these services. If your insurance is accepted by these providers, the medical providers will process your bills through your insurance company. Some insurance plans require that your referrals be placed by your primary care provider in order to be covered. NYC Home Medical will try to refer you to a specialist covered by your insurance plan but cannot guarantee that the specialist participates in your insurance plan. Contact the specialist directly or your insurance company with any questions or concerns about fees, billing, or coverage.

## LABORATORY STUDIES:

NYC Home Medical healthcare providers may send lab specimens to nonaffiliated diagnostic laboratories for testing. These laboratories will bill you directly. NYC Home Medical is not responsible for any fees associated with the services performed by the laboratory. If your insurance is accepted at these laboratories, the laboratories will process your bills through your insurance company. NYC Home Medical will try to send the specimens to a laboratory covered by your insurance plan but cannot guarantee that the laboratory participates in your insurance plan or that every diagnostic test we order is covered by your insurance plan. Contact the laboratory company directly or your insurance company with any questions or concerns about fees, billing, or coverage.

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**I have read the Financial Policy and agree with the terms and conditions:**

## Signatures

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Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Legal Representative

\_\_\_\_\_  
Relationship to Patient (If Legal Representative)