

BUFFALO MEDICAL GROUP FINANCIAL POLICY

Thank you for choosing Buffalo Medical Group, P.C. as your healthcare provider. We are committed to the success of your medical treatment and care. Our practice will work with you to help fulfill your payment responsibility. As the patient, you are responsible for any unpaid balance not contractually covered by your insurance, including: copays, non-covered services and deductibles and co-insurance. Your participation in this process is both essential and encouraged to prevent any interruption in care.

Buffalo Medical Group (BMG) requires payment at the time of service. If BMG participates in your health plan, applicable co-payments will be collected at the time of registration. Some insurance companies also require deductibles or pay percentages (co-insurance). You are responsible for the payment of these patient responsibility portions at time of registration.

Co-Payments:

All copays are required at time of registration. Patients who do not pay their copay at time-of-service, will also incur a **\$25 surcharge** in addition to their copay.

Self Pay (no insurance):

Patients who seek treatment without insurance will be required to pre-pay an estimated amount ranging from \$90-\$200 for office visit services. Procedural surgeries and drug administration quotes will be provided separately as they are also due prior to service. Pre-collection amounts are estimates only as we are unable to determine services performed prior to being seen. You will be billed for any remaining amount due or refunded should you overpay.

Non-participating/Non-contractual Insurance Plans:

Should your BMG provider not participate with your healthcare plan you will be required to **pay pre-estimated amounts ranging from \$90-\$200 for office visit services.** Procedural surgeries and drug administration quotes will be provided separately and they are also due prior to service. Pre-collection amounts are estimates only as we are unable to determine services performed prior to being seen. You will be billed for any remaining amount due, or refunded should you overpay, after your bill is processed by your insurance company.

Deductibles & Co-insurances:

Some insurance plans require the patient to pay a portion out-of-pocket before paying for services. Patients with deductible or coinsurance plans are required to **pay pre-estimated amounts at the time of registration. Prepayments can range from \$90-\$200 for office visit services.** Procedural surgeries and drug administration quotes will be provided separately and they are also due prior to service. Pre-collection amounts are estimates only as we are unable to determine services prior to being seen. You will be billed for any remaining amount due or refunded should you overpay after your bill is processed by your insurance company.

No Show Policy

Patients who fail to show, cancel or reschedule an appointment without 24 hours notice will be charged a no show fee. No Show charges range from \$25-\$100 dependent upon the appointment scheduled.

Questions?

Should you have any questions regarding your bill, or refund status, please contact BMG's Customer Service Department 716-630-2600. If you have a problem paying a bill, or fall behind with payments, please call our Credit Department immediately at 630-2650, so we may assist you in resolving the matter. Payment plans are available for those who qualify.