



Financial Policy

Thank you for choosing AVP Primary Care, PLLC as your healthcare provider. We are committed to communication between patient and provider, and we want you to completely understand our financial policy.

As you are aware, insurance coverage frequently has limitations. **As a patient you are responsible for any unpaid balance not covered by your insurance plan, including co-pays, deductible, non-covered services, and co-insurance.** Your participation will prevent any disruption in your care. Our practice will work with you to help fulfill your payment responsibility. We will do our best to avoid tests uncovered by your insurance, if medically possible, will work hard on prior authorizations to get your test(s) and treatment approved, and will always look for less expensive options in regards of the uncovered medications.

Co-payments

All copays are expected at a time of check-in. We accept cash, check, or major credit cards. Patients who do not pay their co-pay at a time of service may also incur \$20 additional charge in addition to their copay, when paying at a later time.

Cancelled or Missed Appointments

We will bill \$25 missed appointment fee for appointment that have not been cancelled at least 24 hours before, or for no-show.

Services to Insured Patients

We are participating providers with several insurance plans, and work on update and expanding list of the accepted insurances. The list of these insurance plans is available upon request. We will file insurance claims shortly after your visit. If your insurance company does not pay the practice within a reasonable period of time, you may be billed. If we later receive payment from your insurer, we will refund any overpayment to you. This policy is based on the fact that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full.

Due to the many different insurance plans, our staff can not guarantee your eligibility and coverage. Please be sure to check with you insurer's member benefits department about services and providers before your appointment. You are responsible for obtaining the most up to date information, and responsible for payment if your claim is rejected.

Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

Self-pay

Uninsured patients who seek treatment will be required to pre-pay estimated service fee, \$50 for one problem, \$75 for 2-3 problems based on their urgency, and \$100 for more than 3 problems or for annual physical exam.

Fees for vaccinations, injections, tests, or other services will be based on current Medicare/Medicaid fees and are 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 after the service, or a refund will be issued should you overpay.

Services to Patients with Non-participating Insurance Plans

If we do not participate with your insurance plan, you will be required to self-pay, as noted above. Most insurances will refund such payment to non-participating provider upon patient's request.

Deductibles and Co-insurances

Many insurance plans require the patient to pay a portion out-of-pocket before they start paying for services. Patient's with deductible or co-insurance plans are required to pay pre-pay estimated service fee, \$50 for one problem, \$75 for 2-3 problems based on their urgency, and \$100 for more than 3 problems. Fees for vaccinations, injections, tests, or other services will be based on current Medicare/Medicaid fees and are 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 after the service, or a refund will be issued should you overpay.

Form and Records Fees

We charge Form Fee equal to \$5/one page, \$10/2-5 pages, or \$15/>5 pages plus applicable postage fee for completing forms, or for extra written communication by your provider. Form fees are waived for college students and seniors. Copying fees for Medical Records is \$5 for the first twenty (20) pages and \$0.50 per page in excess of twenty. We request 10 business days for a form or copy completion, which commence after form, signed record release, and payment have been received.

Returned Checks

Returned Checks will incur a \$25 service charge. You will be asked to bring cash, certified funds or a money order to cover the amount of the check plus the \$25 service charge to pay the balance prior to receiving further services.

Late Charges

Late charges of 10% annually will be applied to all patient balances 90 days old or greater.

Accounting Principals

Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

If you have any questions regarding your bill, or refund status,
please contact AVP Primary care at (716)-428-5505

If you have a problem paying your bill, please call the above number immediately, so we may assist you in resolving this matter. Payment plans are available for qualified patients.