



Cheryl Newman M.D.
Family Medicine

Financial Policy

2550 Baird Road
Penfield, NY 14526
585-395-1111
585-395-1116 (fax)
www.cherylnewmanmd.com

Insurance Billing: If you have insurance that we participate with, we will gladly submit the claim for you. It is your responsibility to update the office with changes in your insurance. You will be charged for all uncovered services. If we do not participate with your insurance then you are responsible for all charges at time of service.

Co-payments: All co-payments are due at check in. If you have questions about how much your co-payment is or which services do or do not have a co-payment please contact your insurance company. A billing fee of \$25.00 will be assessed if you fail to make your co-payment at time of service.

Deductible: All deductible amounts are due at time of service. This out of pocket amount resets every plan year. Please be mindful of how much of your deductible you have remaining. Once your deductible has been met you may still be responsible for co-insurance. This is generally a percentage, but may be a set fee. If you have questions about your deductible or co-insurance please contact your insurance company. All deductible and co-insurance amounts are due at time of service. A \$25 billing fee will be assessed on any unpaid charges.

Appointment Cancellations: When we make an appointment for you, we reserve time on Dr. Newman's schedule. As long as your appointment is on the schedule, we cannot use that time for another patient. If you cannot make an appointment, please give us at least 24 hours notice. Leaving appointments on the schedule that you are not going to show for is both a financial burden to the practice and denies care to other patients. A fee of \$50 will be assessed to all "No-Show" appointments.

Service Charge: A 3% service charge will be added to an unpaid balance after 30 days. This charge will continue to accrue monthly until the balance is paid off. If a bill remains unpaid for greater than 90 days you will be sent to collections and we will no longer provide medical care for you.

Dr. Newman and her staff work hard to provide you with high quality medical care. Any time a service is rendered, whether it is for an appointment, form completion, referral, prescription refill or some other service, it generates a cost to this practice. It takes time, equipment and supplies to respond to your needs and provide you with medical care. Payment of your bill ensures the availability of our services to you and others.

I have read the above stated policy and agree to the terms and conditions.

Name (please print): _____

Date: _____

Signature: _____