

Elie Sader, MD, PLLC
Financial Agreement

As part of our service to you, this Agreement outlines the responsibility of Elie Sader, MD, PLLC (the “Practice”) as it relates to your insurance coverage.

Payment Through Insurance

If you have medical insurance that the Practice accepts, we will submit claims on your behalf based on the treatment rendered by the Practice. It is your responsibility to know whether the Practice is considered an “in network” or “out of network” provider. The agreement you have with your insurance carrier will determine whether you will be held responsible for the payment of the treatment in full or a portion based on the coverage of your insurance. If you have any questions regarding your medical benefits, we recommend that you contact your insurance company directly.

At the time of your first visit, we will request a copy of your insurance card or print out from your insurance carrier that provides us with the following information: GROUP NAME, GROUP NUMBER AND ID #, AS WELL AS THE MAILING ADDRESS FOR MEDICAL CLAIMS. Without this information, the Practice will treat you as a private pay patient and it will be your responsibility to submit the insurance claim directly to your carrier.

Please note that we cannot waive the collection of your deductible or co-pay at the time of service.

We bill your insurance company as a courtesy. If insurance does not pay within forty-five (45) days, we reserve the right to request payment in full for services from you directly and let you collect the insurance funds that are due to you directly from your insurance company. Although this is a rare occurrence, you understand that you are ultimately responsible for all charges incurred in our office for medical treatment.

Out-of-Network Provider by Insurance (Private-Pay Patient)

If you do not have insurance or the Practice does not accept your insurance, the Practice will be considered an out-of-network provider. As a patient receiving care from an out-of-network provider, you will always be held financially responsible for the full amount of all services.

The Practice does not guarantee that your insurance company will pay for out-of-network treatment you receive from us. Regardless of whether your insurance company covers some or denies payment for all the services provided by the Practice, you agree and understand that you will be held solely responsible for paying the full amount owed for services provided by the Practice.

The Practice will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company reasonably requests to sort out any confusion or questions that may arise. However, it is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company. Lastly, you understand that the Practice will not prepare or submit any insurance claims on your behalf for any treatment received from us.

You understand that you will provide an active credit card to keep on file with the Practice, which will be held confidentially and pursuant to HIPAA. You agree that the credit card on file will be charged for any fees owed by you during the course of the treatment.

Cancellation

You understand that there is a 24-hour cancellation policy, and you are aware that you will be charged a cancellation fee for not presenting on any scheduled appointment or for not canceling within the notice period. If you do not cancel within the notice period, or if you do not present at all for a scheduled appointment, commonly referred to as a “no-show”, you will be charged the full fee for that appointment. For any appointments that are scheduled on Monday, you understand that any cancellations must be made on the previous Friday before 12pm. You also understand that if there are three (3) consecutive missed appointments or there has been no treatment provided within three (3) months, the Practice may, at its sole discretion, discharge you from the practice, so long as said discharge will not be harmful to your health.

Lateness

For any appointment or telehealth session that you arrive more than fifteen (15) minutes late to, you will only be allotted the remaining time for your appointment, however, you will still be responsible for the full fee for the appointment or session.

Telehealth

Should you not be in the State of New York, Connecticut or California for any scheduled telehealth session and the session is rescheduled as a result, you will be responsible for the full fee of the session and your credit card will be charged accordingly.

If at any time you have any questions concerning this Agreement, please call our office and we will be happy to review and discuss the above with you.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS.

Patient's Signature

Date

Patient's Printed Name