

Newton Wellesley Surgeons  
2000 Washington Street, Suite 365  
Newton, MA 02462

## **FINANCIAL POLICY**

Welcome to Newton Wellesley Surgeons. Thank you for allowing us the opportunity to provide you with the highest quality health care services. To inform you of our billing policies and define patient financial responsibilities, we have outlined the following information for your review.

Our office files all primary, secondary, and tertiary insurance claims as a courtesy to all of our patients, so long as the carrier information is provided to us at the time services are rendered. All co-payments, co-insurance, deductibles, and other out-of-pocket expenses are due and payable in advance or at the time services are rendered unless prior written arrangements have been made with our Billing Department.

Patients are responsible for providing us with current insurance carrier information prior to receiving services. In order to file a claim on your behalf and verify your identity in accordance with federal law, we require that you present an insurance card and a form of photo identification upon arrival at our office. We may ask you to update your insurance and contact information periodically.

For your convenience, we accept the following forms of payment: cash, VISA, Mastercard, Discover, American Express, checks and money orders

We are participating providers with many insurance carriers. However, if we do not participate with your insurance plan and you do not have out-of-network benefits, you will be considered to be a self-pay patient. We are glad to provide you with an estimate of anticipated costs in advance for your recommended treatment.

While we make attempts to verify your insurance benefits prior to your appointment, patients are strongly encouraged to contact their insurance companies and be familiar with their plan benefits and financial responsibilities, such as deductibles. Some services require pre-authorization, documented referrals or medical necessity determinations which may delay the scheduling process.

We are not permitted to waive patient co-payments, co-insurance or deductibles under our contractual carrier agreements and federal law. Your financial responsibility will be reflected on your insurance carrier's explanation of benefits. If you receive a screening procedure with positive findings, this may impact your financial responsibility as these findings may change the nature of the service. In the event that your financial obligation is reduced following claim processing, resulting in an over-payment, we will issue a prompt refund to you in the same form that your payment was made to us.

We ask that you provide us with at least 72 hours prior notice for rescheduling or cancellation of appointments or procedures. We reserve the right to charge a fee of \$50.00 for no-show/no-calls, which is not billable to insurance carriers.

I have read and understand the Newton Wellesley Surgeons Financial Policy and agree to comply.  
I may request a copy of this policy at any time.

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Patient Signature

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Date

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Patient Printed Name