

APPENDIX A
Policy #FGP-FN302

NYU Faculty Group Practice
NON-PARTICIPATING, SELF-PAY AND COSMETIC/NON-COVERED SERVICES
FINANCIAL AGREEMENT

I have been advised by the NYU Faculty Group Practice that my physician does not participate with my insurance plan and/or I am receiving services that may not be covered by my insurance plan or I am uninsured. As such, I agree to the following:

Routine Office Visits and Diagnostic Testing Services

- Payment for routine office visits and diagnostic testing services is expected in full at the time services are rendered.
- The actual charges for services rendered during my visit may not be known at the time of my visit. If the actual charges are more than the estimate I paid at time of my visit, I will be billed for and responsible for any remaining balances. If the actual charges are less than I paid at the time of my visit, the overpayment automatically will be applied to other outstanding balances on my account or, if there are no such balances, I will receive a refund.
- There may be additional costs for ancillary services (i.e., radiology, anesthesia, pathology, labs, etc.). I understand that I will be responsible for paying such additional costs.
- If I receive a self-pay discount, I will be provided with a detailed receipt which I will be responsible for submitting to my insurance plan, health savings account, or flex spending account. NYU will not submit this receipt on my behalf.
- A courtesy claim will be sent to my insurance carrier on my behalf unless I specify otherwise using the NYU School of Medicine approved form or I receive a self-pay discount.
- If I have out-of-network benefits, my insurance carrier may render payment on my behalf for the services I receive. However, I will remain responsible for the balance of my bill unless my insurance carrier pays my bill in full.

Elective Surgeries (Inpatient, Outpatient and Office-Based)

- Estimated fees for elective surgeries are available upon request.
- A minimum pre-payment of 20% of the estimated fees must be paid prior to the services being rendered.
- The amount quoted prior to the services being rendered is an estimate only and actual charges may vary; I will be billed for and responsible for any remaining balances.
- There may be additional costs for ancillary services I receive (i.e., radiology, anesthesia, pathology, labs, etc.). I understand that I will be responsible for paying such additional costs.
- A courtesy claim will be sent to my insurance carrier on my behalf unless I specify otherwise using the NYU School of Medicine approved form or I receive a self-pay discount.



I understand that all balances are due upon receipt of a statement from NYU. I have read the above information and I understand my financial obligations.

Print Patient Name

Print Physician Name

Patient Signature

Insurance Plan

Date