

Effective: May 1, 2026

University Orthopaedic Services, Inc. (d/b/a UBMD Orthopaedics & Sports Medicine) is dedicated to providing the best possible care for you. We offer the following information to help you understand our financial policy and aid you in planning for payment.

Insurance Verification and Co-payments

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due and payable at the time of service. All payments are expected to be made in U.S. dollars. **Payment for office visits and services is accepted by credit card only. Form fees are payable in advance by cash only. Personal checks may be mailed for outstanding balances but are not accepted in office.** There is a service charge of \$25.00 for returned checks. Patients with an outstanding balance of 120 days may be discharged from our practice unless a payment arrangement is made. Unpaid accounts, including payment arrangements not made, will be turned over to a collection agency.

Insurance Plan Participation - *Subject to change, please visit our website at www.ubortho.com*

UBMD Orthopaedics participates with the following insurance companies: Blue Cross Blue Shield, Independent Health, NYS Workers Compensation, No Fault, Medicare & Railroad Medicare, Univera Healthcare, Empire Plan, Fidelis, Nova, Aetna, Magnacare, Group Health Incorporated (GHI), Tricare, POMCO/Magnacare, Wellcare, NYS Medicaid.

It is the patient's responsibility to be aware of their insurance coverage, policy provisions and authorization requirements. Not all UBMD Orthopaedics providers participate with all insurances listed above. Please verify whether the physician accepts your insurance coverage when scheduling an appointment. We bill non-participating insurance companies as a courtesy to you. Payment is expected prior to service. Outstanding balances are the responsibility of the patient.

Self-Pay Accounts

Self-pay accounts shall exist if a patient has no insurance coverage. Payment is expected at the time of service, unless prior arrangements have been made with the physician's office.

High Deductible Plans (Health Savings Accounts or Health Reimbursement Accounts) - PLEASE SEE BELOW

If your insurance is a High Deductible Plan (ex. IHA iDirect, BCBS POS, Univera) you will be required to pay a deposit prior to services being rendered. The deposit will be applied to your total cost, you will be billed for the balance owed or issued a refund for an overpayment.

No-Fault/Workers Compensation

Patients are responsible for providing our office with all information required to properly submit charges, i.e. insurer, claim #, WCB case #, date of injury, etc. Without this information, the fees mandated by New York State will be charged to reflect our private fees and you will be responsible for payment. If you have private insurance with which we participate and obtain any referrals/authorizations, we will submit on your behalf and bill you for any unpaid balance.

Medicare

We are "participating physicians." This means that we must accept Medicare's allowed charge for services rendered. Medicare will pay 80% of the approved amount. The patient is responsible for the remaining 20% plus any out of pocket deductible. We will write off the difference between what we charge and what Medicare approves. If you have secondary insurance, we will submit the claim for the remaining balance after Medicare has paid. Please remember that although we accept assignment for Medicare, the patient, by federal law, must be held responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

Cancellation & No-Show Fee

A fee of \$50 will be charged for any appointments missed or not cancelled at least 24 hours before the scheduled visit. This fee does not apply to patients whose insurance plan prohibits such charges. It is the patient's responsibility to notify the physician's office when an appointment needs to be cancelled or rescheduled.

Disability/Assessment Evaluation/Verification of Treatment Forms

All forms requesting completion must have the following: completed patient statement section, signed and dated where indicated. There is a \$20.00 charge for each form completed, pre-paid in cash only. We are unable to accept a check or credit card for form fees. Any checks received will be returned along with the form. Please allow approximately seven business days for forms to be completed and mailed or faxed. Please include any special instructions on what to do with the form once completed.

Surgical Cancellation and Rescheduling

Should you need to cancel or reschedule your surgery, a minimum 2 week notice is required. Failure to provide the office with the required notice may result in a \$200-\$500 cancellation/rescheduling fee. This fee will not be submitted to your insurance and will be your responsibility to pay in full prior to scheduling any future appointments with the office. This cancellation fee is charged at the discretion of the surgeon.

Custodial Parent Responsibilities

The custodial parent is responsible for payment at the time of service whether the account is considered self-pay, participating insurance, or nonparticipating insurance. The office does not get involved with divorce specifics, e.g., one parent pays 80% and the other 20%. It is the parents' obligation to work out an agreement themselves or through the court system.

Office Policy on High Deductible Plans

Many insurance plans require patients to meet an annual deductible before coverage begins. If your deductible has not been met, you will be required to pay the estimated patient responsibility at the time of service for office visits and prior to any scheduled procedures or elective surgeries. These estimates are based on the fee schedule provided by your insurance company. After your claim is processed, you will receive a refund for any overpayment or a bill for any remaining balance.

Additional charges may apply during your visit for services such as x-rays, injections, fracture care, or durable medical equipment (DME). If you have concerns about potential costs, please ask before services are rendered.

It is your responsibility to know whether your plan includes a deductible and whether it has been met for the year. Contact your insurance carrier directly with questions about your specific plan.

If you have any additional questions or concerns regarding our office policy, please feel free to ask our staff.

Policy and Fee Changes

These policies and fees are subject to change. We will do our best to keep you informed of any modifications.