



UNIVERSAL PRIMARY CARE

SOUTHERN TIER COMMUNITY HEALTH CENTER NETWORK, INC. (716) 375-7500 WWW.UPCHEALTH.NET

135 N. UNION ST
OLEAN, N.Y. 14760

132 WEST MAIN ST
CUBA, N.Y. 14727

9864 LUCKEY DR
HOUGHTON, N.Y. 14744

445 BROAD ST
SALAMANCA, N.Y. 14779

159 INTERSTATE PKWY
BRADFORD, P.A. 16701

Patient Financial Responsibilities

As a patient, it is in your best interest to know if your insurance plan covers the provider you are seeing. Understanding your insurance plan and benefits is the patient's responsibility: any deductibles, co-insurance, or co-payment amounts are due at the time of the visit. You may have different deductibles, co-insurance, or co-payment amounts, depending on the contracted status of your insurance company.

It is also important to understand your insurance plan's current benefits and coverage rules. Policies and coverage determinations may vary from year to year. Some insurance plans pay different benefit levels for each type of visit. It is important to ensure that the physician you are seeing is a contracted covering provider by your insurance company.

If any of our physicians are not listed as a covering provider and/or are not in your insurance company's network, Universal Primary Care is still happy to accept your insurance and provide you with services. If your policy has out-of-network benefits, your insurance plan may still cover the services provided to you at Universal Primary Care; however, you may be responsible for paying a higher amount out-of-pocket than if you receive services from an in-network provider. Your insurance company's customer service representative can help verify your benefits and out-of-pocket costs. Should you require additional assistance regarding your out-of-pocket cost, we can provide you with financial assistance options. Patients have the right to receive a "Good Faith Estimate" explaining how much your medical, mental health, dental care, or other services will be. Please contact our billing office for an estimate.

In addition, not all procedures and services are covered by all insurance companies. If your insurance plan and benefits do not cover a service or procedure, the patient is personally responsible for paying these charges. To find out what your insurance plan benefit covers and what your financial obligation may be, please call the customer service or member services department of your insurance company (the phone numbers are on your insurance card).

The patient's responsibility is to contact their insurance company to confirm their eligibility status, benefits coverage, and patient responsibility. (**Example:** *A physician might not be listed as a covered provider and/or be in your insurance company's network today, but there is always a chance that they could be tomorrow, next week, or next month, etc.*).

I have read and understand my responsibility.

Patient Name (Please Print)

Date of Birth

Signature of Patient or Legal Guardian

Date