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- PATIENT RESPONSIBILITY DISCLOSURE -

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To All patients:

This is to make you aware that our participation with Insurance Plans does not imply you will not get a bill for services rendered during your visits or surgical procedures. Note that your Insurance Policy may have multiple ways to assign the responsibility of our fees to you. This is done through DEDUCTIBLES, COINSURANCE and COPAY. It is important to be familiar with these aspects of your plan to avoid unexpected bills and be able to manage your medical costs efficiently and effectively.

<p><i>Assisted Reproductive Techniques</i></p> <p><i>BPH</i></p> <p><i>Clinical Trials</i></p> <p><i>Endoscopy</i></p> <p><i>Female Urology</i></p> <p><i>General Urology</i></p> <p><i>Genitourinary Reconstruction</i></p> <p><i>Laparoscopy</i></p> <p><i>Men's Sexual Health</i></p> <p><i>Microsurgery (Infertility)</i></p> <p><i>Minimally Invasive Therapies</i></p> <p><i>Robotic Surgery</i></p> <p><i>Stone Disease</i></p> <p><i>Urinary Diversion</i></p> <p><i>Urinary Incontinence</i></p> <p><i>Urinary Tract Infections</i></p> <p><i>Urologic Oncology</i></p>	<p>DEDUCTIBLES are assigned as per your policy to ALL SERVICES or just to CERTAIN PROCEDURES. Your insurance will not pay for your claims until the total of your deductible has been satisfied by assigning it to approved claims. These DEDUCTIBLES may range anywhere from a total of \$200.00 per year to a total of \$5000.00 (or more). Note, most often it will take several claims to satisfy a large deductible. As an example, if one visit claim for a patient was around \$350.00 and the total deductible is more than that, then your claim for \$350.00 may be payable by you, as per your plan's provisions. Please be aware of this.</p> <p>CO-INSURANCE is a percentage (%) of your total approved insurance claim which is billable to you as per your insurance policy. This varies widely through the insurance companies. A common CO-INSURANCE is 20% of the approved claim. Normally coinsurance is due after DEDUCTIBLES have been satisfied. Additionally, a COPAY is a set amount (anywhere from \$5.00 to \$75.00 or more) collected from the patient at the time of the visit. This is usually stated on your insurance card. Some plans will specify different amounts for your General Doctor and for Specialists.</p> <p>PRESCRIPTION AUTHORIZATION:</p> <p>Note that many plans require authorization for prescriptions. This is a very time consuming process imposed by your health insurance. For that reason, if needed we will ask you to obtain the required PRE-AUTHORIZATION forms from your PRESCRIPTION INSURANCE. These should be forwarded to our office for the doctor's review and fulfillment. Your insurance can furnish pre-filled forms which will include your pertinent Prescription Insurance identifiers. Without those forms, no authorizations will be processed and you may have to pay for your prescriptions out of pocket. Note that some medications may not be covered by your plan and hence no form of pre-authorization will make insurance pay for them.</p> <p>Your cooperation and attention to these items will make our interactions more efficient and effective.</p> <p>Thanks!</p>
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