



Where the experience is better.

Clinton Crossings
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Fax: (585) 341-9066
Website: UniversityMedicalImaging.com

UMI Billing Office
P.O. Box 278997
Rochester, NY 14627
Phone: (585) 341-4979
Fax: (585) 272-8286

Financial Policy

We are dedicated to providing the best possible care for you, and we want you to completely understand our payment policies.

- 1. Insurance: We participate in most insurance plans, including Medicare. If you are insured by a plan we do business with but we are unable to verify your plan is active, payment in full for each visit is required until we can verify your coverage.
2. Co-payments and Deductibles: All co-payments and deductibles must be paid at the time of service.
3. Non-covered Services: Be aware that some and perhaps all of the services you receive may be non-covered, considered unreasonable, and/or not medically necessary or may be considered experimental by Medicare or other insurers.
4. Proof of Insurance: We must obtain a copy of your current valid insurance card to provide proof of insurance.
5. Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid.
6. Bypass Insurance Election: All patients may elect to bypass insurance claim submissions and pay a self-pay rate.
7. Non-payment: If your account is over 30 days past due, you will receive a letter stating that you have 30 days to pay your account in full.
8. Refunds: UMI regularly generates reports looking back 60 days to identify overpayments.
9. Charity Care: UMI does not participate in the University of Rochester Charity Care program.

A Motor Vehicle Accident? [ ] No [ ] Yes Claim # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_
Is this a work-related Accident? [ ] No [ ] Yes Case # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_
If you answered yes to accident, what is Date of Accident? \_\_\_\_\_

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient (or responsible party, if minor) Date
B-008 Revised 01/31/14