



Dear Patient:

We currently participate with *Medicare* and the following *Managed Care* companies:

Oxford
*United HealthCare**
Aetna/US Healthcare
Empire Blue Cross/Blue Shield
Prucare
MagnaCare
National Benefits Fund (1199-NYU Member Choice Plan)
Cigna HMO/POS & PPO
Physicians Health Services (PHS)-Health Net
HIP – (of New York, Choice Card, Basic and VIP)
Vytra

*Faculty Practice Radiology does not participate with United Health Care Empire Plan and United HealthCare Medicaid Plan.

If your insurance is with one of the Managed Care companies we participate with, an authorization number may be needed before we can perform your procedure. If we have not obtained an authorization number from your physician prior to your arrival, your appointment may be delayed and/or you may have to pay for the study.

If you are insured by another Insurance or Managed Care Company other than those listed above; you are responsible for payment whether or not your insurance company reimburses the service. We will submit an insurance claim form on your behalf. You can expect to receive a statement from us within two weeks from the date of service.

I request that payment of *authorized insurance, Medicare benefits, Managed Care Company or reimbursing agency benefits* be made directly to NYU Faculty Practice Radiology for services furnished to me by its provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents or to an appropriate insurance company any information needed to determine those benefits, or the benefits payable for related services. I also certify that the information provided concerning my insurance coverage is correct.

Please indicate that you understand our financial policy by signing below. We acknowledge that we have discussed our financial policy with you today and given you a copy of this document to take with you.

Patient Name: _____

Patient/Guarantor Signature: _____

NYU Staff Member: _____

Date: _____

MRN: _____