

Medicare/ Medicaid Patients

Providers may bill a patient accepted as a Medicaid patient only in the following situations:

- (1) for allowable deductibles, co-insurance, or co-payments as specified in the Medicaid State Plan;
- (2) **before the service or supply is provided, the provider has informed the patient that the patient may be billed for a service or supply that is not one covered by Medicaid regardless of the type of provider or is beyond the limits of Medicaid coverage as specified in the Medicaid State Plan or applicable clinical coverage policy promulgated pursuant to G.S. 108A-54.2(b);**
- (3) the patient is 65 years of age or older and is enrolled in the Medicare program at the time services or supplies are received but **has failed to supply a Medicare number as proof of coverage;**
- (4) Providers may NOT bill Medicaid beneficiaries for covered services **only the allowable co-payments, co-insurance, or deductibles.**
- (5) A provider may charge a Medicaid beneficiary, including a Medicaid or FHPlus beneficiary enrolled in a managed care plan, only when both parties have agreed prior to the rendering of the service that the beneficiary is being seen as a private pay patient.
 - **This agreement must be mutual and voluntary. It is suggested that providers keep the beneficiary's signed consent to be seen on file.**



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