

Financial Policy

Thank you for choosing us as your urology provider. We are committed to providing you with quality health care. Please understand that payment of your bill is part of your care. To help avoid misunderstandings, we have provided you with details of our financial policy below.

Insurance. We participate in most insurance plans, including Medicare. ***If you are not insured by a plan we accept, payment in full is expected at each visit.*** If we do accept your plan, but you do not have a current insurance card, payment in full for each visit is required until we verify coverage. ***Knowing your insurance benefit plan is your responsibility.*** It is your responsibility to make sure the correct in-network facility is used for all test and hospital encounters. Please contact your insurance company with any questions you may have regarding your coverage.

Payment. We accept payment by cash, check, VISA, MasterCard, Discover or American Express. All previous balances must be paid at time of service, unless prior arrangements have been made with the billing department. If a check is returned for insufficient funds or payment has been stopped, you will be charged a \$30 fee in addition to the amount of the check.

Co-payments. ***All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company.*** Failure to collect co-payments and deductibles from patients is considered fraud.

Self-Pay. Payment in full is due at the time of service. If the total cost of the visit is not able to be determined, you will be asked to make an estimated payment and will be billed or credited the difference. We will work with you to settle your account. Please ask to speak with our billing staff if you need assistance regarding an extended payment schedule.

Co-insurance and deductibles. Your co-insurance and/or deductible balance is due at the time of service. An estimate of such amounts will be quoted based on insurance benefit verification with your insurance plan. Your will be billed any remaining balance after receiving the explanation of benefits from your insurance company.

Non-covered services. Please be aware that some—and perhaps all—of the services you receive may be non-covered by your insurance company. You must pay for these services in full at the time of visit. If the total cost of the visit is not able to be determined, you will be asked to make an estimated payment and will be billed or credited the difference. We will work with you to settle your account. Please ask to speak with our billing staff if you need assistance regarding an extended payment schedule.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. If your insurance company does not pay your claim in a timely manner, the balance will be your responsibility.

Missed appointments. Our policy is to charge for missed appointments not cancelled within 24 hours prior to your appointment. There may be a \$25 charge for missed appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Referrals and authorizations. If you have insurance that requires a referral/authorization, you are responsible for obtaining it prior to receiving treatment. Failure to obtain the referral and/or authorization may result in a lower or no payment from your insurance company, and the balance will be responsibility. Patients without proper referrals and/or authorizations who elect to receive service from the office are responsible for all charges incurred and will be required to make payment in full.

FMLA. It is our office policy to charge for the completion of paperwork for the Family Medical Leave Act (FMLA), long-term care, life insurance, the Department of Veterans' Affairs, disability claims or for other purposes. Our standard fee includes one-time completion/submission of such form(s). The form completion and processing fee of \$25 per form.

Nonpayment. If your account becomes delinquent, you agree to pay any charges to collect your unpaid bills, including but not limited to, reasonable court costs, and/or collection agency fees. You must contact us for a reasonable payment arrangement or risk collection action. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency; if this is to occur, we will be unable to continue to treat you.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____