



FINANCIAL POLICY

To keep our costs down while still providing high quality urological healthcare to our patients, we have adopted the following Financial Policy:

• **Payment is due at time services are rendered:** Cash, check or credit card will be accepted as payment for office services, deductibles, co-pays and co-insurances. If requested, a copy of services provided will be given to you.

• **Office Services:** We will file your office charges with the following health plans:

Aetna	Medicaid	Vista Medicaid
Blue Cross Blue Shield	Medicare	Vocational Rehabilitation
BCBS – Blue Options	Tricare	We Care
Capital Health Plan	United Healthcare	WellCare
Healthease	Veterans Administration	Workers’ Compensation
MCM MaxCare	Vista	

Please note that if you do not provide us the correct, current insurance information at each date of service, you will be responsible for any charges incurred.

• **Co-Pays, Deductibles and Co-Insurances:** Please note we only file for your insurance’s share of services provided. The patient’s share of co-pays, deductibles and co-insurances are due at time services are rendered in the office and before surgery or hospitalization.

• **Surgical Services:** Payment of co-pays, deductibles and co-insurances will be collected prior to surgery. If requested, a written estimate of charges will be given to you along with the patient’s estimated balance owed after insurance has paid. We will file with third party payers for the assigned insurance balance only.

• **Hospital Services:** Payment of co-pays, deductibles and co-insurances will be collected before hospitalization. If requested, a written estimate of charges will be given to you along with the estimated patient’s balance owed after insurance has paid. We will file with third party payers for the assigned insurance balance only.

• **Secondary Insurances:** Secondary insurance claims will be filed once. If we have not had a response from your secondary carrier within 30 days of filing, you will be responsible for the payment.

• **Non-Payment of Accounts:** Any insurance balance will be billed to the insurance carrier. If the insurance carrier does not pay, you will be responsible for the payment. Any personal balance with no payment activity will be forwarded to a collection agency.

• **Charge for No-Show:** A fee of \$25 will be added to your account if cancellation notice is not received 24 hours prior to your appointment. This fee may not be billed to your insurance carrier.

• **Questions:** If you have any questions concerning our payment policy or fees, or if you are having difficulty with making payment, please talk with one of our Insurance Specialists or Patient Financial Counselors.

My signature below certifies that I have read and understand the terms of the Financial Policy listed above.

Patient’s Printed Name: _____

DOB: _____

Patient or Legal Guardian Signature

Date: _____