



## 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 the time of service:** 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 Service charges with your insurance company for all of the following health plans, or if your Office Service Charges exceed \$250.00.

BCBS – PPC	First Health	
BCBS – Blue Options	Healthcare (out-of-network referral required)	United Healthcare
Capital Health Plan	Maxcare (MCM)	Veterans Administration
CCN	Medicaid	Vista Health Plan
Children’s Medical Services	Medicare	Vocational Rehabilitation
Discovery	One Health	We Care
Evolutions Healthcare	Tricare	Workers’ Compensation

- **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 (or the first \$250 for unassigned claims) are still due at time of service in the office, before surgery or hospitalization.
- **Surgical Services:** Payment of co-pay, deductibles and co-insurance will be collected prior to surgery. If requested, a written estimate of charges will be given to you, along with the patient 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-pay, deductibles and co-insurance will be collected before hospitalization. If requested, a written estimate of charges will be given to you, along with the estimated patient 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 for surgical services and hospital services only. At your request, we will be happy to provide you with a claim form to file with your secondary insurance carrier for office services.
- **Non-Payment of Accounts:** Any personal balance will be billed for three months. Accounts with no payment activity will then be forwarded to a collection agency. Any insurance balance will be billed to the insurance carrier for three months. If the insurance carrier does not pay the claim within 90 days, you will be responsible for the payment.
- **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.
- **Questions:** If you have any questions concerning our payment policy, our fees, or are having difficulty with payment, please talk with our Insurance Specialists or Patient Financial Counselor.

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

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Date