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-OR-

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## **Uropartners Financial Policy**

Uropartners welcomes you to our practice. We work hard to provide the highest quality care to you. Your clear understanding of our Financial Policy is important to our professional relationship. **Please remember that our contract for services is with you, and it is our policy that you are responsible for our fees regardless of insurance coverage.**

**CO-PAYS: ALL APPLICABLE COPAYS ARE DUE AT THE TIME OF SERVICE.**

**Commercial Insurance Patients:** We submit claims for those patients enrolled in a participating HMO, PPO, EPO and POS provided you have furnished us with **all** the necessary insurance information. This must be furnished at your appointment and include **policy and group numbers and the address of the claims office where your completed insurance form is to be mailed. If you do not provide us with your insurance card, you will be held responsible for the charges at the time of service.** You will receive an explanation of benefits from your insurance carrier determining your financial responsibility as well as receive a billing statement from us when your insurance has paid their portion.

**Managed Care Contracts:** It is the patient's responsibility to call their insurance carrier to obtain pre-certification if required. If you are unsure whether precertification is a requirement, please contact your insurance carrier. In addition, many managed care contracts require a referral from their primary care physician prior to seeing our physician. It is the patient's responsibility to obtain the necessary referral and bring it with them to the visit. If you do NOT have this information before the visit, you may be responsible for some or all of the visit charges that your insurance does not cover.

**Medicare Patients:** Uropartners accepts assignment on Medicare insurance claims. The administrative staff will submit all claims for you and Medicare will pay their portion of your bill directly to the office. Please remember Medicare pays 80% of what they approve and you are responsible for the remaining 20% coinsurance as well as any yearly deductible and/or noncovered services. If you have secondary insurance which may cover this 20%, please submit to us a copy of the card at the time of your appointment so that we may file a claim for you. If you do not have secondary insurance, you may be responsible for the 20% coinsurance amount at the time of service.

**Non-contracted and out-of-network managed care plans:** Patients who have insurance plans that do not have an existing contract with Uropartners are expected to pay in full at time of service.

**Self Pay:** All self pay patients are expected to pay at the time of the visit. We accept several different credit cards, checks or cash.

**Account Statements:** Statements are mailed out monthly to patients who have a balance due on their account. Payment of this balance is expected on receipt of the statement. Any payment plans must be arranged with our billing department. Accounts overdue by more than 90 days may be referred to a collection agency.

**Returned Checks:** There will be a \$25 fee for a returned check.

**Missed Appointments:** We reserve the right to charge a \$35 missed office appointment fee and a \$100 missed procedure/surgery fee to patients who don't show for a scheduled office visit. We may require this fee to be paid prior to making another appointment.

**Cancellations:** We understand due to different circumstances, patients must cancel appointments from time to time. Please give us 24 hours notice when canceling your appointment. You may always leave a message with our answering service. We reserve the right to charge a cancellation fee for patients who do not cancel their appointment more than 24 hours prior to that appointment. We also reserve the right to charge a cancellation fee for hospital surgeries cancelled within one week of the surgical date.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date