

**UROLOGY SPECIALISTS, S.C.
PAYMENT POLICY**

Thank you for choosing our practice - This agreement is provided to you to clarify our payment policies. Please read it, feel free to ask us any questions and sign in the space provided.

Insurance – We participate in most insurance plans, including Medicare. If you are insured by an insurance plan that we do not participate with, payment in full is expected at the time of each office visit. Knowledge of your insurance benefits is **your** responsibility. Please contact your insurance company if you have any questions about your coverage.

Co-Payments and Deductibles – All co-payments, co-insurances and/or deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, co-insurances, and/or deductibles from patients may be considered insurance fraud. Our office accepts Visa, MasterCard, Discover, money orders, personal checks and cash.

Non-covered Services – Please be aware that treatments for certain conditions (e.g., sexual dysfunction, infertility) may not be covered under some HMOs, PPOs, and other types of insurance policies. You must verify with your carrier that your policy provides coverage. **If these services are not a covered benefit, payment will be expected at the time of service.**

Proof of Insurance – All patients must complete our patient information form before seeing the physician. We must also obtain a copy of your driver's license or state ID (with photo) **and** a copy of your current, valid insurance card which will provide proof of insurance.

Claims Submission – We will submit your claims for you to your insurance company and will attempt, within reason, to help you get your claims paid. Your insurance company may need you to supply certain information directly. **It is your responsibility to comply with their requests.**

Timely Filing Deadlines will apply with one exception: If the beneficiary provides *incorrect information*, the beneficiary will assume responsibility for all charges.

Coverage Changes – Insurance companies have very strict requirements with regard to filing deadlines for reimbursement of claims. **Please notify us immediately of any insurance changes.** If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Late Payments – If your account is 90 days past due, a \$25.00 late fee will be assessed to your account and your account will be referred to a collection agency for credit bureau reporting. A \$30.00 service fee will be charged on all returned checks.

I have read and understand the payment policy and agree to abide by its guidelines:

PATIENT OR GUARDIAN (PLEASE PRINT)

PATIENT OR GUARDIAN SIGNATURE

DATE