

# THE CENTER FOR MEN'S AND WOMEN'S UROLOGY

## FINANCIAL POLICY

It is our office policy to inform you of our patient payment procedures. Please review our financial policies carefully and let us know if you have any questions or need assistance.

Please initial one:

\_\_\_\_\_ **Patient with Insurance:**

You are responsible for deductibles, co-pays, coinsurances and non-covered services. Please pay co-payment amounts as services are rendered. If you have an unmet deductible, you are required to pay a \$200 deposit at your first visit, \$100 at each subsequent visit, and \$500 to \$1000 for surgeries or in office procedures, until your deductible is satisfied. Any remaining balance will be billed to you and is due within 30 days of receiving our statement. If you or your insurance carrier makes payment exceeding your balance, reimbursement will be remitted.

**I understand that in the event that my insurance company does not pay for today's service, if my insurance is not in effect on this date, or if The Center for Men's and Women's Urology is not currently participating in my insurance plan, I agree to, and personally accept full financial responsibility.**

\_\_\_\_\_ **Patient without Insurance:**

Payment for service is due at each visit. We require a \$200 payment for your first office visit, \$100 for subsequent office visits, and \$500 to \$1000 for surgeries and in-office procedures. Any remaining balance will be billed to you and is due within 30 days of receiving our statement. If you make a payment exceeding your balance, reimbursement will be remitted.

- 
- Please be aware, that if you are sent to an outside laboratory, imaging facility, or hospital for further testing, you will not only receive a statement from our office, but also from that outside facility.
  - We accept Visa, Master Card, American Express, personal check or cash as payment.
  - We require that you notify our office **3 working days** prior to the cancellation of an in-hospital surgery. Otherwise you may be charged a fee of \$100 for the missed procedure.
  - We require that you notify our office at least **24 hours** prior to the cancellation of all appointments. Vasectomy and Urodynamic procedures will be charged \$50; all other appointments will be charged \$25 for the missed appointment.

---

### **Financial Agreement Policy**

In the event that you become financially unable to pay your bill we offer monthly payment agreements for established patients. To qualify for a payment agreement it is necessary for you to contact our Billing Manager within 30 days of receiving our bill to setup and sign a Financial Arrangement Statement. Under most circumstances we require bills to be paid off within 12 months. A payment agreement becomes null and void if payments are delinquent or missed.

We do not offer payment agreements to new patients.

### **RELEASE OF INFORMATION**

**Please initial:**

\_\_\_\_\_ I authorize The Center for Men's and Women's Urology to release to my insurance carrier and/or CMS (Medicare) and its agents, any information needed to determine benefits or benefits payable for related services.

\_\_\_\_\_ I authorize The Center for Men's and Women's Urology to release pertinent medical information to other physicians involved in my care, (such as my PCP) as needed.

---

**I have read and agree to the Financial Policy stated above that apply to me.**

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient (if not self)