

UROLOGICAL
ASSOCIATES OF
SOUTHERN
ARIZONA PC

Welcome to Urological Associates of Southern Arizona, P.C. We are committed to providing you with quality and affordable health care. Please understand that payment of your bill is part of this treatment and care. Read these policies and feel free to ask us any questions you may have.

Financial Responsibility:

It is important for you to understand that you, the patient, are ultimately responsible for payment of medical services you have received. Cash, personal check or credit cards are accepted methods of payment.

Proof of Insurance:

All patients must complete our patient information form. We must obtain a copy of your driver's license and current, valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information at each visit you may be responsible for the balance of the claim.

Co-payments and Deductibles:

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to collect co-payments and deductibles from patients can be considered a breach of contract and may result in the reschedule or cancellation of your appointment.

Non-Covered Services:

Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered "reasonable" or "necessary" by your insurer. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary as part of your medical treatment. A medical benefit is something that your insurance plan has agreed to cover. In some cases, your medical provider might decide that you need medical care that is not covered by your insurance policy. It is your responsibility to understand the terms of your individual insurance plan and the services which are covered and are not covered and have limited coverage. You may be responsible for payment of any services considered non-covered by your insurance plan.

Past Due Balances:

Any balance more than 30 days old will be considered past due. Once a balance is past due, payment will be required before your next visit in the office. Failure to make payment on a past due balance before your next scheduled appointment may result in the cancellation of your appointment. Payment

in full is due upon receipt of our statement. Accounts with remaining balances will be sent to an outside collection agency. Accounts that have unpaid balances could potentially impact your credit score.

No Show Policy:

All scheduled appointments not cancelled 24 hours prior, are subject to a \$40.00 fee. All in-office procedures not cancelled 48 hours prior, are subject to a \$100 fee. All hospital procedures not cancelled 48 hours prior to scheduled appointment, are subject to a \$250 fee. This serves as notice that repeat missed appointments may result in dismissal from our practice. If you are unable to keep this appointment or, if you have any questions about your appointment please call us at 520-795-5830.

Returned Checks:

Checks written at the time of your visit or mailed as payment on an account balance that is returned by the bank will be assessed a \$25.00 returned check charge. If the original check amount plus the returned check charge is not paid within 15 days your account will be considered for transfer to a collection agency.

Request of Medical Records:

For personal requests, there will be a \$15 flat fee and \$0.25 per page fee for all requests on paper (plus the cost of postage and envelope) or there will be a \$10 flat fee and a \$0.25 per page fee for all requests above 20 pages on CD (plus the cost of postage and envelope).

Request Completion of Forms by Provider

A \$20 charge will be assessed for provider completion of disability/FMLA forms. Payment is due at the time of request. Completion may take up to 2 weeks to complete. Completed forms will be mailed to the patient

Additional Services:

- All lab tests performed today are subject to being sent to an outside facility which may result in third party charges
- All CT scans done at our facility will be interpreted/read by a radiological physician which may result in additional third party charges.
- If you are scheduled to have a CT scan, you have the right to receive your CT scan elsewhere, and we will provide you with a list of alternative CT facilities in the area.
- If your physician suggests that you need to schedule an appointment with the radiation oncologist you have the right to schedule your consultation/treatment elsewhere, and we will provide you with a list of alternate facilities.

Patient name: _____ Patient date of birth: _____

Signature: _____ Date: _____

Patient (parent or guardian)

