



UROLOGY ASSOCIATES OF SENC, PA
Financial Policy

Thank You for choosing us as your health provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. We expect full payment at time of service with the exception to this policy to include Medicare, Medicaid, United Healthcare, BCBS of NC and any other HMO's where we are legally obligated to file your claim for you. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

All patients must complete out patient information and Insurance forms and **pay all co-pays before seeing the doctor.** Please note per signed contracts with the managed care insurance companies we legally cannot bill you for your co-pay this is due to the provider at the time of treatment.

**FULL PAYMENT IS DUE AT THE TIME OD SERVICE.
WE ACCEPT CASCH,CHECKS OR VISA/MASTERCARD, DISCOVER,
AMERICAN EXPRESS AND DEBIT CARDS. IF YOUR INSURANCE
REQUIRES AUTHORIZATION IT IS YOUR RESPONSIBILITY TO ENSURE
THATYOU ARE AUTHORIZED ON THE DAY OF SERVICE. IN AN EFFORT
TO MAINTAIN AVAILABLE APPOINTMENTS FOR PATIENTS CARE WE
REQUEST THAT PATIENTS PROVIDE US WITH A 48 HOUR NOTICE TO
CANCEL THEIR APPOINTMENT. A \$30.00 FEE WILL BE APPLIED TO
THEIR ACCOUNT IF THE PATIENT DOES NOT COMPLY.**

Regarding Indemnity Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We cannot bill your insurance company unless you give your insurance information. If you insurance company has not paid your account in full in 45 days, the balance is your responsibility. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and / or other medical insurance.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adults accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless payment by cash, check or credit card at the time of services has been verified.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this financial policy:

X _____ Date: _____
Signature of Patient or Responsible Party