

UROLOGY ASSOCIATES OF ELKHART, INC.
Our Financial Policy

Thank you for choosing Urology Associates of Elkhart, Inc. as your healthcare provider. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

*Payment is due at the time of service unless arrangements have been made in advance of the appointment time. We accept cash, money order, personal checks, Visa and MasterCard. There is a returned item charge for any returned checks.

*Please keep in mind that your insurance policy is basically a contract between you and your insurance company. As a courtesy to you, we will file your insurance claim if provide us with prompt, accurate insurance information and you assign the benefits to the doctor – in other words, if you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable time period (30-45 days), we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you. We will bill your insurance company for urologic care provided in the hospital if adequate insurance information is provided to our office by the patient. You are responsible for any balance due. You are also responsible for any preauthorization or precertification or referral forms needed to ensure full benefits from your plan. Any penalties assessed for failure to procure prior authorization, referral or precertification will be the sole financial responsibility of the patient.

*We have made prior arrangements with Medicare and many insurance companies and other health plans to accept an assignment of benefits based on a contracted fee schedule. We will bill these companies as in-network providers. You will be responsible for payment of any copayment at the time of service and may later be billed for patient deductibles and coinsurance amounts. In the event of an elective procedure, our insurance department may telephone the insurer prior to the appointment to determine your patient responsibility for payment at time of service.

*If you are insured by a plan that we do not have a prior arrangement with (discount contract), we will prepare and send the claim for you as a courtesy, if adequate information is provided. You, as the patient, are fully responsible for all of our charges and may be asked to make payment at the time of service. Typically, seeing a provider who is out of network, means greater out-of-pocket expense for the patient and your claim may be subject to higher deductible and coinsurance amounts. You are responsible for any and all amounts not paid by your insurance company.

*Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered” due to plan limitations or restrictions, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

*Our office has a cash only at time of service policy for all former collection and bankrupt accounts. While we do not terminate these patients, as many practices do, we do reserve the right to no longer extend credit for our services and will expect payment in full at the time of service or prior to surgery. Insurance will be filed as a courtesy if adequate information is supplied and benefits will be assigned to the patient. This policy is permanent and will not expire or change.

I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time. The physicians and management of Urology Associates have full and final authority in setting their office financial policies.

Signature of Patient (or responsible party, if minor or incapacitated)

Date

Please print the name of the patient