



## Patient Financial Policy

We are committed to providing the best possible medical care and patient experience for our patients. Patients knowing and understanding their financial responsibility is a key component to a positive care experience and a successful physician-patient relationship.

**Non-Covered Services:** Patients are responsible for knowing their insurance coverage and bringing their insurance cards to their appointments. Please know your insurance benefits before each visit. You will be responsible to pay for any services that are not covered by your insurance plan. You are also responsible for confirming that we are contracted and in-network with your specific insurance plan and/or group.

**Correct Insurance Information:** You are responsible for providing us with the correct and most updated information about your health insurance. It is your responsibility to notify us immediately of any change to your health insurance plan and/or group or insurance status. If we have incorrect insurance information, outstanding balances will be billed to you directly. **Knowing your insurance benefit plan is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage.

**Payment is required at the Time of Service:** You are responsible for paying deductibles, copayments, coinsurance and other out of pocket expenses at time of service. If we are unable to verify your insurance coverage, you will be responsible for payment. In addition to cash payments and checks, we also accept most major credit cards. Patients who are not covered by health insurance are required to pay for the provided services at the time of service.

**Missed or cancelled Appointments:**

- Two (2) or more missed or no-show appointments will result in a \$75.00 charge per occurrence and the patient may be subject to discharge from the practice.
- Office procedures cancelled or rescheduled within 5 business days will be subject to a fee of \$100.00
- Hospital surgeries cancelled or rescheduled withing 7 business days will be subject to a fee of \$250.00

**Special Insurance Processing Requests:** The Arizona State Constitution permits insured individuals to pay directly for health care services, if they so desire. If you choose to pay for health care services, your health care provider will not submit a claim to your health plan. It is your responsibility to notify your provider's office when you do not wish a claim to be submitted on your behalf.

**Related Facilities or Services:** Urosouth may have a financial interest in where you are referred for treatment. This may include, but is not limited to surgery centers, lithotripsy centers, pathology labs, oncology treatment centers, radiation facilities that perform CT and MRI scans and other medical and non-medical related entities.

**Collection Agency Fees:** When patient accounts become extremely delinquent, patients or patient guarantors agree to pay collection agency or attorney fees of not less than fifty (50) percent. The collection agency fees and/or attorney's fees will be added to the patient's outstanding balance and collected by the collection agency upon referral to the agency. **Please be aware that if a balance remains unpaid, we will be unable to treat you.**

**Administrative Charges:** Patients may incur, and are responsible for, the payment of additional charges at the discretion of Urosouth. The charges may include but are not limited to (subject to change at any time).

- Charge for Returned Checks. \$ 45.00
- Charge for a f t e r - h o u r s phone consultations requiring diagnosis treatment and/or prescriptions. \$100.00
- Charge for hard copies of patient medical records. \$50.00
- Charge for insurance authorization of prescription medications. \$25.00
- Charge for forms completion, including but not limited to disability, FMLA, Jury Duty forms, etc. \$35.00

Signature: \_\_\_\_\_ Name and Relationship (If not the patient): \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_