

# Associated Urologists of North Carolina, PA

## Financial Policy

Welcome to our practice. Please take a moment to review our financial policy. We are committed to providing excellent medical care at a fair and reasonable price. Our staff will be willing to discuss any questions you have regarding our financial policy.

We require patients to provide a copy of their insurance card(s) and drivers license at check-in for every visit.

An adult or legal guardian must accompany all minors to their office visit. The adult or legal guardian accompanying the minor assumes all financial responsibility for the cost of the minor's visit (including situations involving a divorce or separation, regardless of a court order. We will provide a receipt for proof of services).

**Insurance:** Insurance coverage is between a member and their insurance company. Insurance policies vary. It is the member's responsibility to fully understand the details of their insurance policies. Furthermore, patients are responsible for notifying our staff of any changes in their insurance coverage when they check in for their appointment; failure to do so may result in charges that they will be responsible for paying. All payments, co-payments, co-insurances, and deductible amounts (when applicable) are required at the time of check-in.

Prior to your visit, our staff will verify your insurance benefits. We will need your insurance information prior to your visit in order to do this. *If we are unable to verify your insurance information, you will be asked to pay in full for your visit or you may choose to reschedule your visit until we can verify the information.*

If the insurance company has not processed and paid your insurance claim within 90 days, the payment will become your responsibility. Delinquent accounts will be forwarded to Credit Data and/or a Collection agency. You will also be responsible for all fees including, but not limited to, collection fees.

**Secondary Insurance:** We will file your secondary insurance unless your secondary insurance company pays you directly (if this is the situation, please notify our billing staff. Once your primary insurance has paid their portion of the claim, you will be responsible for paying the outstanding balance).

**Insurance Companies With Whom AUNC Does Not Have A Contract:** As a courtesy, we will file your primary insurance claim for you. In return, we expect payment in full at the time of your visit. We will instruct your insurance company to send any payments directly to you. Please note that the reimbursement from your insurance company will depend upon your terms of your insurance policy.

**Network Providers:** If you are a member of a managed care organization, it is your responsibility to determine whether your AUNC provider is an 'in network' provider. You are also responsible for obtaining an authorization from the primary care physician listed on your insurance card *prior to your visit*. Failure to do so will significantly delay your visit or may necessitate rescheduling your appointment. Since insurance companies usually refuse to issue retroactive authorization for office visits, one of our AUNC providers will be unable to see you *unless* you are willing to pay for the services in full on the day of your appointment.

**Surgery:** When a patient requires surgery, we will verify insurance benefits and provide you or your guardian with a pre-surgery estimate of the total charges and the amount we estimate will be due from you or your guardian. This estimated amount is due in full *one week prior* to your surgery unless special arrangements have been made with our Billing Department in advance. If the actual surgical procedure differs from the planned procedure, you will receive a statement if additional monies are due, or a refund if there is a credit balance.

**Payment:** AUNC accepts checks, cash, all major credit cards (VISA, MASTERCARD, and Care Credit© (if approved)).

**Self-Pay:** As a courtesy, AUNC has established a discounted fee schedule for self-pay patients that pay in full at the time of their visit. Otherwise, payment arrangements must be arranged with our billing staff before a patient will be seen by one of our AUNC providers.

**Payment Plan:** There will be an initial setup fee of \$20.00 and 10% of the bill will be required for the first payment. The remainder of the balance will be made in equal installments according to the terms of the payment plan. Depending upon the situation, you may qualify for a Care Credit © payment plan, which is secured with a signed payment agreement with GE Capital.

**Refunds:** Patient refunds are processed and paid monthly.

**Non-covered Services:** Your insurance may not cover procedures or treatments for certain diagnoses. For instance, many policies deny coverage for problems relating to *fertility, erectile dysfunction, and pre-existing conditions*. Patients are responsible for any non-covered service. If your insurance policy excludes benefits for a particular condition and you elect to see an AUNC provider for this condition, you will be asked to pay in full for the services at the time of your visit.

**Outside Lab Services:** For labs not performed by AUNC, we may utilize an outside lab company. Charges for these services are not controlled by AUNC. Patients are responsible for all unpaid services that were performed on their behalf by another lab company.

**Collection Policy:** Unless payment arrangements have been made, our policy requires that all "patient-due" accounts (*once your insurance company has paid their portion of your claim, or from the time of service for self-pay patients*) over 90 days old will be referred to a licensed debt collection agency. In addition to being liable for your outstanding balance, any additional court costs and attorney fees required to collect the unpaid balance will be charged to you.

**Telephone Triage Policy:** For after-hours calls, nursing calls made for prescription refills, or management of a problem, in lieu of an office visit, the AUNC providers reserve the right to charge \$40.00 for the telephone consultation. Since Medicare and private insurance companies do not cover this charge, you will be responsible for paying this charge. Payment may be required before an additional appointment will be made.

**Returned Checks:** A \$25.00 service fee will be assessed for any returned check. In addition, any returned check must be redeemed with cash or a certified form of payment.

**Medical Records:** Upon receipt of your written request, a copy of your medical records will be provided to a designated health care provider at no charge. If you request a copy of your medical records for personal use, a \$35.00 charge will be assessed.

**Charges For Forms:** Insurance companies may request AUNC providers or staff to complete detailed medication requests or lengthy paperwork such as disability or life insurance forms. Furthermore, prolonged time on the telephone may be required to obtain insurance approval for necessary medical care. AUNC reserves the right to charge a \$25.00 fee for completing any such paperwork or telephone calls.

**Cancellation Policy:** If you need to cancel or reschedule an appointment, please contact the appropriate AUNC office at least 24 hours in advance. Failure to do so, or failure to show up for your appointment, may result in a \$25.00 charge. Reminder calls for office appointments are made as a courtesy only. Failure to receive a reminder call or card will not void our cancellation policy. If you need to reschedule a hospital surgical procedure or office procedure, we request a 48 hours notice; failure to do so may result in a \$100.00 charge. *Payment of the cancellation fee may be required before another appointment or surgery will be scheduled.*

**Permission To Release Information:** This document authorizes AUNC to release personal health information to my insurance company(s), and other health care professionals for treatment, payment, and healthcare operations.

**Assignment Of Insurance Benefits:** If we have a contract with your insurance company and accept assignment, or if Medicare or Medicaid provides your insurance, your signature below assigns insurance benefits to AUNC for services rendered.

**Attestation:** Your signature (or the signature of your guardian) and that of the responsible party acknowledges that you understand and accept the above information.

I have read the above financial policy and I agree to abide with the terms of this agreement.

\_\_\_\_\_  
Patient's Printed Name                      Patient's Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Responsible Person's Name                      Responsible Person's Signature