

**Landmark Urology and Complementary Medicine**  
**3200 Blue Ridge Road, Suite 118, Raleigh, NC 27612-8087**  
**Telephone (919) 571-4399 Fax (919) 571-7627**

**Mark W. McClure, M.D., F.A.C.S.**

**Daniel I. McRackan, MD**

**Cheri Elliott, ANP**

*Welcome to Landmark Urology and Complementary Medicine.* We are honored that you have chosen us as one of your healthcare providers. Our mission is to provide you with top quality, safe, and cost effective care. We look forward to seeing you soon.

Enclosed, you will find patient information and medical history forms, along with a map to our office. Please fill out the forms completely and bring them with you to our office at the time of your appointment. We must have these forms completed before Dr. McClure, Dr. McRackan, or Cheri Elliott, ANP, can see you. Our providers work closely together as a team. In order to coordinate care and to serve our patients most effectively, any of our providers may participate in your care. In consideration of fellow patients and staff with environmental allergies and sensitivities, we ask you not to wear any perfume, cologne, or other fragrant toiletries to the office.

**Office Hours:** Our office hours are Monday through Thursday from 9 a.m. to 5 p.m. We close for lunch from noon until 1:00PM daily. Our office is closed on Fridays.

**Financial Policy:**

**General Policies:** Payment is required at the time services are rendered. It is the patient or guardian's responsibility to notify our office of any referral authorizations and pre-admission certification requirements of their insurance company at the time of scheduling office appointments, hospital admissions, or surgery. If our office is not notified ***in advance*** of these requirements, this document acts as a waiver, and you or your guardian agrees to be responsible for payment of services rendered.

**Cancellation policy:** Out of respect for our staff and other patients, we ask that you contact us as soon as possible if you must cancel a scheduled office visit. Reminder calls are made as a courtesy only. **With the exception of an emergency, you will be charged a \$25 cancellation fee if you fail to contact our office at least 24 hours prior to your appointment to cancel or reschedule an appointment. The cancellation fee must be paid before another appointment will be scheduled. Repeated 'no-shows' or failure to cancel appointments without giving at least 24 hours notice may result in discharge from our practice. Some office procedures will have a higher cancellation/no show fee.**

**Medical Records:** Upon your written request, a specified copy of your medical records will be sent to a designated health care provider at no charge. If you request a copy of your medical record for personal use, a \$35 charge will be assessed.

**Health Insurance:**

Payment of all co-pays, co-insurance and deductible amounts (when applicable) are required at the time of service. 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 your family or your doctor's office has made your appointment for you, we will obtain this information from them at the time the appointment is made but we may need to contact you to clarify the information. If we do not have your insurance information prior to your visit, you may have to wait on the day of your appointment for us 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.*

**Insurance filing:**

**Insurance companies with whom we have a contract:** We will file your primary insurance for you. In return, you or your guardian agrees to assign any insurance benefits payable to Landmark Urology and Complementary Medicine, PA. **We will not file secondary or tertiary insurance claims *except for Medicare, Medicaid or Tricare For Life patients.*** If necessary, your receipt for office visit charges can be filed with your insurance company.

**Insurance companies with whom we do 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 amount of reimbursement to you from your insurance company will depend on your policy's stipulations.

**(TURN THIS PAGE OVER)**

**Insurance payment denials:** You or your guardian is responsible for being familiar with your health insurance policy benefits and exclusions. Certain benefits may not be covered. For instance, many policies deny coverage for problems relating to **fertility, impotence and pre-existing conditions**. If your policy excludes benefits for a particular condition and you elect to see Dr. McClure, Dr. McRackan, or Cheri Elliot, ANP, for this condition, you will be asked to pay in full for the services at the time of your visit. Insurance payments may also be denied for other reasons. It is our policy to appeal such denied claims. We may ask for your help in disputing a denied claim with your insurance company. However, if a denial is final, unless the reason for the denial is a billing error on our part, you will still be responsible for any payment due.

**Managed care:**

If you are a member of a managed care organization, it is your responsibility to obtain 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, Dr. McClure, Dr. McRackan, or Cheri Elliott, ANP, will be unable to see you **unless** you are willing to pay for the services in full on the day of your appointment.

**Payment:** We gladly accept checks, cash, and credit cards (VISA, MASTERCARD or Care Credit).

**Returned checks:** If your check is returned for any reason, a \$30 returned check fee will be assessed. You will be required to rectify any payments due before another appointment can be made.

**Surgery:** When a patient requires surgery, we will verify insurance benefits and provide you or your guardian with a written 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.

**Self-pay:** As a courtesy to our self-pay patients, we offer a discount off our regular fee schedule. In return, we expect **payment in full** at the time of your office visit. Elective surgical procedures require a 50% down payment ***one week before*** surgery, with the balance due within 15 days after the surgery. If necessary, a Care Credit payment plan may be available to you.

**Payment Plans:** Depending upon the situation, you may qualify for a Care Credit © payment plan, which is secured with a signed payment agreement with GE Capital. In other instances, we may be able to set up a Landmark payment plan, secured by a signed payment agreement. In those cases, we reserve the right to charge a 1 ½ % monthly finance charge on outstanding balances.

**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. **Furthermore, patients with an unpaid balance over 90 days that is greater than \$50 will be discharged from the practice for financial non-compliance.**

**Permission to release information:** This document authorizes Landmark Urology and Complementary Medicine, P.A. 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 Landmark Urology and Complementary Medicine 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.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient’s Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Responsible Party’s Printed Name

\_\_\_\_\_  
Responsible Party’s Signature