

Financial Policy

Welcome to Associated Urologists of North Carolina. Please take a moment to review our financial policy. We are committed to providing excellent medical care at a fair and reasonable price.

We require patients to provide a copy of their insurance card(s) and driver's 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 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 members 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 at appointment check-in; 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 insurance benefits.*

As a courtesy, we will file your primary insurance claim for you. If the insurance company has not processed and paid your claim within 90 days, the payment will become your responsibility. Delinquent accounts will be forwarded to Credit Data and/or 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 pays you directly, if so please notify our billing department. Once your primary insurance has paid their portion of the claim, you will be responsible for paying the outstanding balance.

Network Providers: if you are a member of a managed care organization, it is your responsibility to determine whether your AUNC provider is 'in network'. You are also responsible for obtaining an authorization/referral 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 require rescheduling your appointment. Insurance companies usually refuse to issue retroactive authorizations for office visits, you will not be seen unless you are willing to pay 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 physician charges. This estimate will not include surgical facility and/or anesthesia charges. This estimate will be due one week prior to surgery unless other arrangements have been made with the 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 and Care Credit © (if approved). A \$25.00 service fee will be assessed for any returned checks. In addition, returned checks must be redeemed with cash or a certified form of payment.

Self-Pay: AUNC has established discounted fees for self-pay patients. Self-pay patients will be required to pay a \$100.00 deposit at check-in prior to being seen. The deposit will be credited toward the cost of the visit. If the cost of the visit exceeds \$100.00, the balance must be paid at check-out or a payment plan must be arranged.

Payment Plan: The first payment must be paid when the payment plan is set up. The remainder of the balance will be made in equal installments according to the terms of the payment plan. All payment plans are interest free. Depending upon the situation, you may qualify for Care Credit © payment plan. Care Credit © is secured with a signed payment agreement with Synchrony Bank.

Refunds: Patient refunds are processed and paid by paper check bi-monthly.

Outside Lab or Radiology Services: For labs not performed by AUNC, we may utilize an outside lab company. Radiology services performed by AUNC require a radiologist read by an outside facility. Charges are not controlled by AUNC. Patients are responsible for any bill associated with an outside lab or radiology service.

Collection Policy: Unless payment arrangements have been made, our policy requires that all “patient-due” accounts (once the insurance company has paid their portion of the claim or time of service for self-pay patient) over 90 days will be referred to a debt collection agency. In addition to being liable for your outstanding balance, any additional court cost and attorney fees required to collect the unpaid balance will be charged to you. **Patients with unpaid balances over 90 days greater than \$50.00 may be discharged from the practice for financial non-compliance. AUNC has the right to refuse services until the past due balance has been collected or a payment arrangement has been made with the billing department.**

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 fee per page will be assessed.

Charges for Forms: Insurance companies may request AUNC providers or staff to complete detailed medical request or lengthy paperwork such as disability or life insurance. AUNC reserves the right to charge a \$25.00 fee for completing any lengthy medical documents.

Cancellation Policy: If you need to cancel or reschedule your appointment, please contact the appropriate AUNC office at least 24 hours prior. 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. Failure to receive a reminder call does not void our cancellation policy. If you need to reschedule a hospital surgical procedure or office procedure, we request 48 hours’ notice; failure to do so may result in a \$100.00 charge. Payment of the cancellation fee may be required before to another appointment or surgical procedure can 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

Patients Signature

Date: _____

Responsible Person’s Name

Responsible Person’s Signature