

SPRING CREEK UROLOGY SPECIALISTS

FINANCIAL POLICY

WE at Spring Creek Urology Specialists (SCUS) are committed to providing you with quality care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about this financial policy. Thank you for choosing us for your healthcare needs.

TO assist us in establishing your SCUS financial account, please:

- Supply all necessary information for the accurate billing of your claim, including your insurance card, employer information and demographic information
- Satisfy all insurance co-payments, deductibles, Co-insurance and non-covered services on the day services are rendered.
- Provide your insurance company and SCUS with any additional information requested to complete the processing of claims filed on your behalf.

REGARDING INSURANCE

- Insurance is a contract between you and your company. We are not a party to your contract. We will not become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or “reasonable and customary” charges other than to supply the factual information as necessary. You are responsible for timely payment of your account.
- If you are scheduled for surgery, you are responsible to pay the full amount of your portion no less than 48 hours PRIOR to your surgery date.
- Any payments made to Spring Creek Urology Specialists are for physician services only. Payments DO NOT include payments that you may owe for facilities, anesthesia, assistant surgeons, labs, pathology. Each separate entity will bill for their portion of the service. Several procedures done in our office require samples to be sent to an outside lab/pathology vendor for processing and the patient will be billed separately for those services.
- Each time you make an appointment with a SCUS physician, it is your responsibility to make sure that they are currently under contract with your managed care plan. Verification of your coverage and benefits may be required. Often this verification requires us to share the reason for your visit with your managed care plan. Please plan to show your current card at each visit.
- **If you are referred from you Primary Care Physician, it is your responsibility to ensure a valid referral has been completed if required by your insurance.** You must keep track of the expiration dates and how many office visits are allowed for each referral. Most managed care plans do not allow retro dated referrals, so it is important that this is completed prior to the date of service.
- As a service to our patients, Spring Creek Urology Specialists provides courtesy appointment reminder calls/text and possibly other important calls that may be placed using a prerecorded auto messaging system. Your initials confirm your consent to receiving such calls/texts at the telephone number you have provided to us. _____
- In the event my insurance company deems a service to be “non-covered” I understand that I am personally responsible for payment.
- I understand that this practice has a no show appointment fee of \$25. I am responsible for paying the fee if I do not cancel or reschedule an appointment within 24 hours.
- If my insurance does not cover a prescribed medication and/or requires a prior authorization, the office will require a \$25 PA fee prior to completing. This does not guarantee that the insurance will cover the prescribed medication. AS an alternative, the patient can contact the insurance and ask for a covered alternative which the office will prescribe is deemed appropriate.
- FMLA/Short term Disability/Cancer policy forms or any other forms that require the staff and/or physicians to complete are subject to a \$25 form fee.
- I have read and understand that I am personally responsible for payment on this account for any service deemed patient responsibility by my insurance company or non-covered services.

DISCLOSURE OF OWNERSHIP

- Please be advised, Spring Creek Urology Specialists is a physician owned group and one or more of the providers may have a financial interest in a surgery center, laboratory, or other entity where you may receive treatment. Providers may schedule your services at an entity where they hold financial ownership. You have the right to choose where you receive your medical and surgical services. Please advise the physician and/or staff if you would like services at an alternate entity.

PATIENT SIGNATURE: _____

PATIENT PRINTED NAME: _____

DATE OF BIRTH: _____ **DATE:** _____