



### AUS Financial Policy

Associated Urological Specialists, LLC would like to welcome you to our practice. We strive to provide you with excellent medical care and our goal is to make your visits as convenient as possible. The following is a statement of our financial policy. Please read it carefully. If you have any questions, please do not hesitate to ask a member of our staff.

By signing below you confirm that you have read this policy and understand that:

- We reserve the right to charge a no show fee up to \$35. If for any reason you need to cancel an appointment, please notify the office as soon as possible.
- It is your responsibility to inform our office of any address or telephone number changes.
- Patient is responsible to keep account information current-accordingly; all self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service. Payable by cash, check, Visa, MasterCard, Discover or American Express.
- If you do not have your payment(s), your appointment may be re-scheduled.
- You may be asked to schedule another appointment for issues other than the reason for your original appointment.
- A returned check will result in the bank's current service charge and all future payments must be in the form of a credit card.
- Every effort is made to avoid cost of mailing statements. The statement lists any balances due and payment in full is due upon receipt of the statement.
- Refunds will be issued within 10-14 business days from the day requested, if there are no pending insurance claims or unpaid patient balances.
- There is a \$26 charge for the completion of paperwork (i.e. disability, FMLA, etc.) Please allow 7-10 days for all requests.
- Copies of medical records are available to the patient or an authorized representative for a fee, after we receive a signed release. Please allow ten (10) business days for all requests.
- If your account is referred to an outside collection agency, you will be responsible for all costs incurred in collection of said balance, which include collection agency fees up to 25% of your outstanding balance, a \$35 account placement fee, court costs and attorney fees.
- It is your responsibility to be aware of what service(s) is being provided to you and if it is a covered benefit under your insurance policy.
- You are responsible for any non-covered charges not payable by your insurance policy.
- Although filing your insurance claims is a courtesy extended to you, all charges are always your responsibility from the date services are rendered. If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full.
- Your insurance policy is a contract between you, your employer and the insurance company. Our office is not part of that contract. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see a specialist, if pre-authorization is required prior to a procedure, and what services are covered.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_