

## **MEDICARE PATIENTS**

Associated Urological Specialists, LLC ("AUS") now accepts assignment for office visits and surgery. This means that we file all necessary Medicare forms for you and accept whatever Medicare pays, as complete payment for 80% of your bills. The remaining 20% of your approved charge will remain your responsibility, and/or that of your supplemental insurance coverage.

You are also responsible for your deductible that you have not met and ANY SERVICES MEDICARE DOES NOT COVER. Please make sure that we have all the necessary information or forms so we can file your supplemental insurance for you.

"I request that payment of authorized Medicare or other insurance benefits be made to me or, on my behalf to AUS for any services provided to me by that physician. I also authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents, any information needed to determine these benefits payable for related services".

information about the to release to the Health Care Financing Administration and its agents, any information needed to determine these benefits payable for related services".  I UNDERSTAND I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.	
Patient Signature	Date
OTHER INSURANCE PATIENTS	
Patients who are under a Managed Care Program, PPO, HMO, etc. may or may not have every and all laboratory or physician services covered under their plan. If you decide to have a service procedure, or test performed by AUS that is not covered by your health care program, YOU BECOME RESPONSIBLE FOR THE COST OF THAT SERVICE.	
If your current insurance requires pre-certification and/or referral, it is your responsibility to obtain these. Failure to obtain pre-certification and/or referral forms may require cancellation of your scheduled surgery.	
Any fees not covered because the patient's noncompliance in obtaining these necessary forms will become the responsibility of the patient.	
Patient Signature	Date