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FINANCIAL POLICY NOTICE

Please read carefully. Initial where indicated and then sign at the bottom.

_____ Insurance co-pays are due **at the time of service** and before you see the doctor. **If you are unable to pay**
 (Initial) **your co-pay you may be asked to reschedule your appointment.** Due to the fact that Urology Austin
 physicians are specialists, higher co-pays may be indicated (consult your policy benefits for clarification).

_____ CT scans and in-office surgical procedures are typically applied by your insurance company towards your
 (Initial) deductible, co-insurance or other out-of-pocket expense. **All fees are due in advance of the CT or
 surgical procedure performed** unless an alternate arrangement is made *prior to* your appointment date.
Outside radiologist fees usually apply for your scan. Please pay close attention to your CT information.

_____ If at any time you have a credit on your account, refunds may only be remitted to you *after* all pending
 (Initial) insurance claims have been finalized by your insurance company and reported to us.

_____ Many insurance plans cover ancillary services (labs, x-rays, CT scans, etc.) under alternate benefits, such
 (Initial) as higher deductible or co-insurance amounts, even additional co-pays. These additional out-of-pocket
 expenses are not associated with our contract/participation with your insurance company. Instead, it is
 simply a matter of your plan benefits. Urology Austin must comply with both contractual obligations and
 government regulations, **thus we cannot alter your insurance plan benefits and will bill you accordingly.**

_____ It is the patient’s responsibility to know from whom your insurance company requires that you to obtain
 (Initial) any labs, x-rays, or any other ancillary services. Please let your doctor’s medical assistant or nurse know
 so that they may schedule these services accordingly.

_____ It is the patient’s responsibility to obtain all referral certifications from the primary care or referring
 (Initial) physician when required by your insurance plan. **If you do not have a current referral on file, you will be
 asked to reschedule your appointment.**

_____ Laboratory services cannot be billed until the date the test is performed which may be a different day
 (Initial) than when you came to give your sample. Thus, the date on your billed statements (from Urology Austin
 or your insurance company) may be different from the actual date you were in the office. **Outside
 laboratory charges may also apply—ask an associate for more info if you will be having lab services.**

_____ If we do not participate with your insurance company, and your insurance plan does not provide out-of-
 (Initial) network benefits, you will be considered a “self-pay” patient. See the Self-Pay Patient policy below. As a
 courtesy, we shall provide you with the information necessary to bill your insurance company.

SELF-PAY PATIENTS

_____ If you (1) do not have insurance coverage, (2) choose not to use your insurance coverage, or (3) are
 (Initial) seeking treatment/services that are not covered by your insurance plan, you are a “self-pay” patient.
 Upon arrival at your visit you are required to provide a \$250 deposit. As you leave, you must pay for any
 remaining balance for the services provided. A 30% discount of our regular fees will be applied. Alternate
 payment arrangements are available at the discretion of the site manager (30% discount may be forfeit).

Urology Austin accepts cash, checks, MasterCard, VISA, Discover Card and American Express. Additional fees may
 apply to special financing arrangements and bad debt collections.

By signing this Financial Policy Notice you, the guarantor, acknowledge that you have read, understand and accept
 the above financial policy. (Additional financial obligations may apply to special services. You will be presented more information as they
 apply to your treatment plan.)

Guarantor Signature: _____ Date: _____

Name of Guarantor (if different from patient): _____