



## 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 your co-pay**  
(Initial) **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 deductible,  
(Initial) 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 insurance  
(Initial) claims have been finalized by your insurance company and reported to us.

\_\_\_\_ All physician services performed in-office, at a hospital, or surgical center will be pre-collected in advance prior to the  
(Initial) procedure being performed, this includes examples such as CT scans, Urodynamic testing, Biopsies, and Lab. This is  
**NOT** a full comprehensive list and I acknowledge other tests could be performed.

\_\_\_\_ Many insurance plans cover ancillary services (labs, x-rays, CT scans, etc.) under alternate benefits, such as higher  
(Initial) 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. As a patient you have the right to choose where you**  
**would like to have your services performed.**

\_\_\_\_ It is the patient's responsibility to know from whom your insurance company requires that you to obtain any labs, x-  
(Initial) 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 physician when  
(Initial) 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 than when you  
(Initial) 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. **In-House and Outside laboratory charges may also**  
**apply—ask an associate for more info if you will be having lab services.**

\_\_\_\_ In consideration for the **telehealth services** rendered, the patient agrees to pay charges not covered by any insurer or  
(Initial) third-party payer, including any deductible, co-pay, or any charges not covered by any insurer or third-party payer.

\_\_\_\_ If we do not participate with your insurance company, and your insurance plan does not provide out-of-network  
(Initial) 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 seeking  
(Initial) 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 deposit (\$250 for new patients and \$150.00 for already established returning patients).  
As you leave, you must pay for any remaining balance for the services provided. A 30% discount of our regular fees will  
be applied.

Disclaimer:

- Medical forms such as FMLA, Worker's Compensation, and any other forms needing to be completed by Urology Austin offices will be fulfilled through a third-party vendor called HealthMark Group. Fees associated with this service will be billed by HealthMark Group directly and not by Urology Austin.
- 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): \_\_\_\_\_