

## **Canyon State Urology, PC Financial Policy (revised 8/31/07)**

**Thank you for choosing Canyon State Urology, PC for your urologic needs. Please take a moment to review our financial policies.**

### **Consultation fees**

These fees range from approximately **\$ 90 to \$ 300**, depending on the complexity of your care and number of medical issues. These fees do NOT cover any laboratory fees, procedural fees, medical supplies, any costs associated with the completion of any documents related to disability and / or insurance benefits, radiographic, pathologic, and medication charges. **In other words, these fees only pertain to your consultation with your physician.**

**Co-payment and co-insurance** amounts plus any deductible amounts will be collected at the time of your visit. If we cannot verify your insurance benefits by the day of your visit, you may be required to reschedule your visit or pay for your visit at that time.

### **Insurance payments**

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly.

If your insurance company does not pay the practice within a reasonable time period, Canyon State Urology, PC will look to you for payment. If you have selected to receive your insurance payments directly, then you will need to pay for your visit in full each time you are seen in the office.

Patients who do not have health insurance or are awaiting insurance coverage are expected to pay for their visit in full at the time of the office visit. If the exact amount of the visit cannot be determined until after the visit, then you will be asked to pay an estimated amount at the time of check-in. The final charges will be reconciled with the actual charges at the end of the office visit.

### **Authorization of benefits**

All health plans are not the same and do not cover the same services. In the event that your health plan determines that a service will “not be covered” or you do not have authorization, then you will be responsible for the complete charge.

### **Change of insurance plans**

*IT IS THE RESPONSIBILITY OF THE PATIENT TO NOTIFY OUR OFFICE OF ANY CHANGES IN INSURANCE, COVERED BENEFITS, OR AUTHORIZATION REQUIREMENTS. FAILURE TO NOTIFY THE OFFICE MAY RESULT IN CHARGES FOR WHICH YOU WILL BE HELD RESPONSIBLE.*

### **Hospital coverage and Surgeries**

For services that are performed in the hospital, we will bill your health plan. Any balance due is the responsibility of the patient.

There are certain elective surgeries that will require a pre-payment. You will be informed in advance if your procedure will require such as pre-payment. In that event, payment will be due seven working days prior to the surgery in the form of a cashier’s check payable to Canyon State Urology, PC

Canyon State Urology, PC is not responsible for any anesthesiology charges that you may incur should you require an operation. You may check with the anesthesiologist in advance of your scheduled procedure to ensure that the anesthesiologist is contracted with your insurance plan.

**Minors (patients who are 18 years of age or younger)**

An adult or legal guardian must accompany all minors to their office visits. A notarized authorization to treat the minor is acceptable. The adult or legal guardian assumes all financial responsibility for the cost of the minor's health care.

**Delinquent accounts (past due 90 or more days)**

Delinquent accounts will be forwarded to Credit Data Southwest and / or a collection agency. You will be responsible for all fees including but not limited to collection fees, attorney fees, and court fees incurred by Canyon State Urology, PC. Interest at 10% (APR) per annum will be applied toward your balance after 60 days.

**Returned check fee**

There will be a **\$ 30 service fee** for each returned check. An NSF check must be redeemed with cash or a certified form of payment such as a money order, cashier's check, or certified bank check. Your insurance company does not cover this fee.

**No-show fee**

Please call the office at least **24 hours in advance** of the need to cancel or reschedule an office appointment. Otherwise, you will be subject to a **\$ 50 no-show fee**. Failure to arrive for an in-office procedure will be subject to a **\$ 75 no-show fee**. These fees are not covered by your insurance company.

I have read the above policy (pages 1 and 2) and agree to abide by the terms of this policy. I also understand that these terms may be amended from time to time by Canyon State Urology, PC.

\_\_\_\_\_  
Signature of patient / responsible party

\_\_\_\_\_  
Date