

Southwest Premier Urology Financial Policy

Welcome to our office! We are pleased that you have chosen Southwest Premier Urology to provide your care. We want to take a moment to inform you of our policies regarding payment with our office.

We accept credit cards, cash and personal checks for payment on your account. If you have an insurance that we do not contract with you will be expected to make full payment on the day of your visit. If we are contracted with your insurance, you are expected to pay your co-pay, co-insurance or deductible at the time of your visit.

Commercial/Private Insurance: As a courtesy we will be happy to file your insurance for you. You will be required to provide a copy of your insurance card and all necessary billing information. All insurance payments that are paid directly to you must be endorsed and paid to this office. It is your responsibility to contact your insurance company in the event of non-payment or discounted payments. Many private insurance companies in an effort to set physician fees restrict payment indicating that fees are over their "Usual and Customary" fees for this area. We have hired consulting firms to ensure our fees are comparable to that of other offices providing the same quality and level of care. We will not allow insurance companies to set our fees for us, based on their willingness to pay.

Contracted Insurance: We will submit a claim directly to your insurance carrier if you provide us with the necessary information. This includes a copy of your insurance card, address to submit claims, telephone number to verify your coverage. You are still responsible for your co-payment, co-insurance or deductible as it applies. If coverage is denied for any reason you are responsible for payment of the entire balance due, based on our normal fee schedule.

Please Initial:

_____ In the event we are not contracted with your health plan, you will be responsible for any out of network, coinsurance, or deductible applied. We do not submit any third party billing on behalf of the patient. If we are not contracted with your health plan, you will be a self-pay patient and will be responsible for seeking reimbursement from your health plan.

_____ Our office does not participate with any workman' compensation health plans. Your contracted health plan will be billed and if they deny service you will be responsible.

No Insurance: If you do not have insurance, we expect you to pay for your visit at the time of service. In the event of surgery, our financial advisor can help answer any questions about financial arrangements.

No Show Fee: In the event your appointment is not canceled 24 hours in advance and/or you do not show for your appointment, there will be a \$35 fee that must be paid prior to scheduling your next visit. In addition, if you are more than 10 minutes late for your appointment, you will be considered a no-show and will be assessed the \$35 fee.

Returned Checks: In the event your bank returns your check to our office unpaid, there will be a \$25 return check fee assessed to your account.

Non-payment: In the event your account becomes delinquent, you will be responsible not only for charges incurred, but also any costs involved in collection of your account. These include, but are not limited to interest charges, rebilling fees, court costs, attorney fees, and collection costs. A collection agency may be used to collect on delinquent accounts. Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for the payment on your account.

If you have any questions regarding our Financial Policy, please ask us before your visit. I have read and understand the Financial Policy set forth and have been given the opportunity to ask questions about the policy. I understand my responsibility for payment of my account with Southwest Premier Urology, have provided current and accurate insurance information.

Patient Name: _____

DOB: _____

Patient Signature: _____

Southwest Premier Urology

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