

# Midwest Urological Group

## Financial Policy

It is our hope that you will understand that our financial and billing policies are necessary to maintain vital health care policies which may be changed at any time without notice.

### **Insurance**

We will bill all primary insurance companies and any secondary insurance for our patients. Please provide us with complete and accurate insurance information, as well as any changes of address, telephone number or employer. At your request, we will send you documentation that will enable you to contest what your insurance company will not pay based on usual and customary allowance.

### **PPO/HMO**

Although we strive to be members of as many networks as possible, there are exceptions; check with your insurance prior to seeing a physician regarding network status. Patients will be billed for any out of network fees. Midwest Urological Group accepts Medicare assignment. If your insurance plan is an HMO you may be required to obtain a referral/authorization from your primary care physician prior to an office visit. Patients wanting to see a physician without an HMO referral will be required to sign a waiver assuming responsibility for payment.

### **Co-Payment**

Co-payments will be collected on the day of your appointment. All insurance companies require that the physician collect all co-pays from the patient. It is the patient's responsibility to know his/her insurance benefits. Any disputes regarding co-pays and deductibles must be settled between the patient and your insurance.

### **Refund**

Patient refunds are issued monthly. Refunds will not be issued until all pending claims are settled with insurance.

### **Private**

A \$15.00 service fee will be charged to the patient for information requested for insurance policies for which the patient is solely reimbursed, for example cancer or disability policies.

### **Statements**

Itemized statements are issued monthly. Messages on the statements will indicate the status of your account. Payment is expected within thirty days of the first statement. Collection process will begin at thirty-one days.

**Ancillary Services**

Technical fees for x-ray, lab, and sonography will be billed by Midwest Urological Group. Fees for radiologists, pathologists or facility may be billed by an outside provider. Our office has no association regarding network status of these vendors.

**Self-Pay**

All cash patients and patients that are present without valid insurance information are considered a self-pay patient. All Self-Pay patients are required to make an \$85.00 deposit for office visits and will receive a statement for any outstanding balances. All self-pay patients requiring surgery will be required to pay half of the procedure cost before the date of service. Midwest Urological Group does not honor hospital or any other charity letters for discounts.

**Authorization to Release Information**

Permission is hereby given to Midwest Urological Group to release medical information requested by my insurance company or by another doctor. I requested that payment of insurance benefits be made directly to Midwest Urological Group.

I understand coverage is a contract between me and my insurance company and I agree to accept financial responsibility for payment of charges incurred.

I also understand I am responsible for any costs of collection (if necessary) such as collection fees at 25% of unpaid balance, attorney fees and court fees.

By signing below, you are authorizing us or any agency working on our behalf to call you at any number you provided, including calls to mobile/cellular or similar devices, for any lawful purpose. You agree to any fees or charges that you may incur for the incoming calls from us, and/or outgoing calls to us, to or from any such number, without reimbursement from us.

I have read, received and understand this financial policy.

Patient Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if patient is a minor)