

Urology Associates of Norwalk, PC 2018 Financial Agreement

Medical insurance is intended to only be an aid and rarely covers 100% of the total cost of your medical care. Every plan has its own provisions, which we must abide by. Certain costs will be passed along to the patient, such as deductibles, co-payments, co-insurance and out of pocket amounts, which are due at the time service is rendered.

The patient/responsible party agrees to:

- *pay amounts not covered by your insurance plan
- *be well-informed about your plan's covered and non-covered services
- *notify the receptionist if there are any changes to your coverage

Managed Care Plans: We participate with a full range of insurance plans in order to offer flexibility to our patients. Our medical providers follow the regulations and guidelines of these plans. On the date of service, we are contractually obligated to collect any appropriate co-payments, co-insurance, deductibles and out of pocket amounts from you, the responsible party.

Medicare: We participate with Medicare and carefully follow their billing guidelines. You will be responsible for your annual deductible, or any unmet portion thereof, at the time of service. We will also collect the 20% co-insurance portion of Medicare's allowable at the time the services are rendered. If you have supplemental coverage, we will automatically submit that amount to the secondary insurance carrier.

Secondary Insurance: If you have two or more insurance policies, you must notify the receptionist so that all of your claims are processed properly. If your additional insurances are not presented, you will be responsible for amounts not covered by your primary carrier (copays, deductibles, co-insurances, and out of pocket)

Non-Participating or Out of Network Insurances: If we do not participate with your insurance carrier, you are responsible for full payment at the time of service for all services rendered. If you have out of network benefits, and your carrier sends a reimbursement check to you, it is your responsibility to sign it over to Urology Associates of Norwalk, PC immediately.

***If your insurance policy requires that you obtain a referral from your primary care physician, it is the patient's responsibility to obtain that referral. If no referral has been obtained and you would like to be seen immediately, you are able to sign a waiver form and pay as a self-pay patient.**

*There is a \$50 fee for all returned checks. Urology Associates of Norwalk, PC reserves the right to collect all future payments with cash or credit card.

***Accounts delinquent over 60 days will be referred to a collection agency.**

*There is a \$50 fee for missed appointments or same-day cancellations.

*Patients who cancel surgical procedures with less than 48-hour notice may be subject to a \$150 fee + 20% of the procedure's cost.

*Payments are accepted by Cash, Visa, MasterCard, Discover, and American Express. Personal Checks are accepted for established patients only.

Patient Name: _____

Responsible Party (other than patient): _____

Signature: _____ Date: _____