

Urology Associates of Norwalk, PC 2022-23 Financial and Office 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 and laboratories
- *notify the receptionist if there are any changes to your coverage

Laboratory Testing and Pathology Services: We send bloodwork, urine specimens and pathologic/biopsy specimens to several laboratories that provide high quality services (such as Hospital labs, Labcorp, Quest Labs, EmeritusDx, and Pathnostics). It is your responsibility to understand your insurance coverage and which laboratories participate with your particular carrier. If you want to have your bloodwork, urine or biopsy specimens sent to a SPECIFIC lab, it is the patient's responsibility to inform the physician before the end of the visit which laboratory is preferred.

Managed Care Plans: We participate with a full range of insurance plans 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 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.

Laboratory/Imaging/Pathology Results: Most of our patients will have tests ordered and/or performed by our doctors, including but not limited to bloodwork, imaging tests (such as x-rays, ultrasounds, CAT scans and MRI exams), and pathology tests (such as bladder or prostate biopsies). We make reasonable efforts to contact patients with results of the aforementioned tests. Nevertheless, it is important that patients understand that **it is the PATIENT'S RESPONSIBILITY** to schedule AND follow up on ALL ordered tests and results. Failing to do so could adversely affect the patient's health. By signing this agreement, the patient understands and agrees to be responsible for their own health care.

*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 office OR ultrasound appointments that are missed OR cancelled the same-day.

*There is a \$100 fee for missed appointments OR same-day cancellations for the following: urodynamic testing, cystoscopy procedures, prostate biopsy procedures, and vasectomy procedures

*Payments are accepted by Cash, Visa, MasterCard, Discover, and American Express.

Patient Name: _____

Responsible Party (other than patient): _____

Signature: _____ Date: _____

