

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 missed office OR ultrasound appointments OR same day cancellations.

\*There is a \$50 fee for all returned checks

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

\*There is a \$200 fee for surgical appointments that are missed or cancelled the same day.

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

\*Payments are accepted by Cash, Visa, MasterCard, and Discover

\*I authorize that payment of insurance benefits be made to "Urology Associates of Norwalk, PC" for services rendered to me. I authorize any medical information about me be released to my insurance company or its agents as needed to determine benefits payable for related services. A photocopy or electronic transmission of this assignment is to be considered as valid as the original. I agree to pay any fees in collection of unpaid amounts. I allow the office to bill electronically with my signature on file in the office.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_