

METHODIST UROLOGY, LLC FINANCIAL POLICY

Whether you are new to our practice or we have had the pleasure of serving you in the past, we would like you to be aware of our financial policy. Please read this information carefully, sign and return to the receptionist to keep in your chart.

Our relationship is with you, our patient, to provide quality healthcare. We are your healthcare provider and as a courtesy to you we will file your claims to your insurance company. However, it is your responsibility to understand what services are covered under your medical insurance policy and knowledge of your copay, deductible, and coinsurance amounts. If you have any questions about these amounts or whether a service is covered or not, we urge you to contact your insurance company before the service is provided.

In the event the patient's health plan calls a service medically unnecessary, experimental, non-covered and/or inclusive and does not pay Methodist Urology, the patient agrees to pay for these services. If this is your circumstance and you have filed an appeal, you are still responsible for making payment arrangements for your bill while the insurance company may be reconsidering your claim for payment. If your insurance company reconsiders and makes payment on your claim, any amount due to the patient will be refunded within 30 days.

We realize that insurance demands are becoming more complicated and we make every effort to keep abreast of the changes so we are able to assist you. Ultimately, however, it is your responsibility to fulfill your insurance carrier's requirements.

Some insurance companies require pre-approvals for some or all services. These may be referred to as a referral, prior authorization, pre-certification, etc. Regardless of the term used, the patient accepts the responsibility for obtaining pre-approval from either your insurance company or your primary care physician if so required by your insurance company. If we do not receive a pre-approval for a visit that is ultimately denied by your insurance company, you will be responsible for those charges.

If you are scheduled for surgery, we will make every effort to contact your insurance company and pre-certify your surgery. However, pre-certification is not a guarantee of benefits.

Please be sure to have your insurance cards with you at every visit so that we may properly bill your insurance carrier. If you do not have your card with you, you may be asked to make payment in full that day.

Billing Information: It is essential that you provide us with complete and accurate information. We make every effort to submit your claims to your insurance company and promptly provide you with our statement.

You should normally receive a response from your insurance company in the form of an "Explanation of Benefits" or "EOB" within 30 days. If you do not, we would appreciate you contacting your insurance company to check the status of your claim in order to expedite payment. Please call our billing department at (317) 962-0847 if you encounter any difficulty with your insurance company or to notify us of any delay in payment. We will assist you as much as we can. Unfortunately, some insurance companies require the patient to call to update any information such as "coordination of benefits" information or if there are deletions in coverage issues.

Claims: As a courtesy, we will file 2 insurance companies on your behalf. Any remaining balance at that time will become the patient's responsibility. Any insurance policies after that will be your responsibility to file and collect payments.

Copay: Copay is the term used for the amount that is due prior to you seeing a provider. This will be collected at the time of check in. If you do not have your copay, your appointment will need to be rescheduled.

Workers Compensation Claims: If you believe that you are being seen for an injury/illness as a result of your job, we will need documentation from your employer to confirm this and their directions as to how to bill for this service. We will make every effort to collect benefits on your behalf, but ultimately the charges for services rendered are your responsibility.

Completion of Forms: There will be a \$15.00 fee for the completion of each form for disability, family medical leave (FMLA), or cancer policies, etc. We will have these forms completed for you within 1 week of receipt. If the form is needed immediately, there will be an additional charge of \$20.00.

Release of Medical Records: There is a \$20.00 fee for release of medical information up to 10 pages, plus \$.50 for each additional page thereafter.

Payment Options: For your convenience, besides check or cash, we accept Visa, MasterCard and Discover (credit or debit). If you are unable to meet your financial obligation, payment arrangements can be made. You must contact our billing department at (317)962-0847 to discuss your payment options before your account becomes overdue.

Self Pay and Services Not Covered by Insurance: If you do not have insurance or we are not contracted with your insurance plan, you will be expected to pay at the time of service. In the case of surgery, you will be expected to pay 1 week prior to the service. Not all services are covered benefits by all insurance policies. Some insurance policies will select certain services that will not be covered. Non-covered services will be the financial responsibility of the patient and/or guarantor.

Medical Care to Minors: If both parents have insurance, the insurance of the parent whose birthday fall first in the calendar year will be considered primary for the child, and the other parent's insurance will be secondary. In the case of parents that are divorced, we will consider the parent/legal guardian who presents the child for care to be the responsible party for payment of services, regardless of any financial responsibility established in a divorce decree.

Medicaid: There are many different plans when it comes to Medicaid. It is imperative that you become familiar with your policy. It is your responsibility to make sure any referrals needed are obtained prior to your appointment or your appointment will be canceled. You may need to actually see your assigned primary care physician prior to making an appointment with one of our providers. Please contact your caseworker or your primary care physician if you have any questions.

Acknowledgement: I acknowledge I was given a copy of the Patient Financial Policy of Methodist Urology, LLC and that I have read and understand it.

Patient Printed Name _____ DOB _____

Signature _____ Date _____