

Urologic Financial Policy / Consent to Treat

Med Rec # _____

Financial Responsibility

Urologic Clinic participates in Medicare, Mississippi Medicaid, and select commercial insurance plans. We do not participate in certain HMO plans. It is your responsibility to verify network participation prior to your visit.

- Copays, deductibles, and coinsurance are due at the time of service.
- For office procedures, CT scans, or surgeries, any applicable deductible or coinsurance must be paid before the procedure is performed.
- You must present your current insurance card(s) at each visit.

If your insurance plan is not accepted, you will be considered Self-Pay:

- A \$200 deposit is required at your first visit and will be applied to your charges.
- If you are uninsured, the same deposit applies and must be paid before being seen.
- All future charges must be paid at the time of service unless alternate arrangements are made with our billing staff.
- We offer a discount for uninsured patients who pay in full at the time of service. Please inquire with our billing or checkout staff.

You are financially responsible for all charges not covered by your insurance. If your account becomes delinquent, it may be referred to a collection agency, and you may incur reasonable collection fees. You consent to receive communications regarding your account via any phone number you provide, including mobile, work, or home.

The Clinic reserves the right to charge a \$25 fee for:

- No-shows or cancellations of office visits and imaging visits with less than 24 hours' notice
- Medical records requests
- FMLA documentation and similar services

The Clinic and Ambulatory Surgery Center reserves the right to charge a \$50 fee for:

- No-shows or cancellations of procedure visits with less than 24 hours' notice

Assignment of Benefits

Medicare and Medicaid

You authorize payment of eligible benefits directly to the Clinic. You certify that all information provided for benefit processing is accurate. You understand that services not deemed medically necessary may not be covered, and you agree to pay any copays, coinsurance, and deductibles as required.

Commercial Insurance

You assign all applicable benefits to the Clinic and authorize direct payment for services rendered. You agree to pay any copays, coinsurance, and deductibles at the time of service.

Independent Laboratory Services

Urologic Clinic utilizes PathGroup, an independent laboratory, for pathology services. Billing is handled separately. It is your responsibility to confirm whether PathGroup is in-network with your insurance provider.

Consent to Release Health Information

You consent to the release of your health information for the purpose of billing and payment authorization. This consent does not waive your rights under HIPAA.

Physician Ownership Disclosure

This facility is owned by physicians. The referring physician may have a financial interest in the facility. You have the right to choose where to receive care, and your decision will not affect the quality of treatment. Please speak with your physician or staff if you have questions or wish to explore other options.

Acknowledgment of Financial Terms

"I understand that payment is due at the time of service. If my account is placed with a collection agency, I agree to pay a 25% collection fee on the unpaid balance. I also accept responsibility for postage, credit card processing fees, and if referred to an attorney, 33% attorney's fees and court costs. I authorize verification of my employment status and consent to contact via any phone number or email I provide, including automated communications."

Patient or Responsible Party Signature

Date