

Houston Female Urology][**FINANCIAL POLICY**

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please present your current insurance card at every visit. IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT OR EXPIRED, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN. You will be presented with a Web Pad which will use to answer questions about your visit, your health history, and to pay your co-pay or outstanding balance in a private manner.
2. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
3. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.
4. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.
5. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
6. Co-payments are due at time of service. A **\$10 processing fee (or service fee)** will be charged in addition to your co-payment if the co-payment is not paid at time of service or by the end of the next business day.
7. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your bill.

8. Any balance over 60 days will be forwarded to a collection agency. In the event that this occurs, a **\$25 fee** will be charged.
9. We require 24-hour notice for canceling. There is a **\$25 charge** if 24-hour notice is not given or if you do not show up for your scheduled appointment. For canceling surgery, there is a **\$150 charge** if 24-hour notice is not given.
10. A **\$25 fee** will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
11. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if a selected specialist participates in your plan.
12. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s)

Responsible party member's name

Relationship

Responsible party member's signature

Date