

# *Springfield Urology*

## Financial Policy

Whether you are new to Springfield Urology or we have had the pleasure of serving you over the years, we would like you to be aware of our financial policies. When you or your family members require urologic care, we are happy to take care of your needs. When you utilize our services, you are responsible for the costs incurred. Understanding our financial policies is an essential element of your care and treatment. If you have any question regarding our policy, please feel free to discuss them with our office manager.

**Patients with commercial insurance, Medicare and Medicaid:** As a courtesy and convenience to you, we will file claims for all our patients. **We participate with most but not all insurance companies. If you are unsure of our participation with your insurance company, please contact them to verify our participation.** We cannot bill your insurance company unless you give us current and accurate insurance information. If your insurance has an outstanding deductible which has not been paid, you will be asked to pay the portion of the deductible which pertains to the services of Springfield Urology. Not all insurance plans cover all services. In the event your plan determines a service to be “not covered,” you will be responsible for the complete charge. If your benefits have expired during the course of your care with us, you will be responsible for full payment of the charges incurred.

**Secondary Insurance:** Having more than one insurer DOES NOT necessarily mean that the services you receive will be covered 100%. Secondary insurers pay as a function of what the primary carrier pays. We will bill your secondary insurance as a courtesy to you. You are responsible for any balances that remain after all insurances have processed your claim.

**Self Pay Patients:** If payment is made at the time of service, Springfield Urology will reduce cost of service by 20%. If payment cannot be made in full at the time of service, a budget agreement can be made to have service paid within 90 days with the 1<sup>st</sup> payment payable the day the service is rendered.

**Billing:** Should we need to bill you for services performed, our office will send you a monthly statement. Any outstanding balances are due within 30 days of the statement. All balances that reach 90 days will be subject to collection procedure. Should your account be sent to a collection agency, you will be responsible for all collection and legal fees incurred during this process and your care through Springfield Urology may be terminated. You understand if the account is submitted to an attorney or collection agency, if we have to litigate in court, or if your pass due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we ask that you contact us promptly for assistance in management of your account

**Copy of Medical Record and Forms:** From time to time, various forms including but not limited to disability and FMLA forms need to be filled out. There is a \$20.00 service fee to complete these forms. There is a fee to copy medical records, in accordance with state of Ohio law. This is due when the medical records are picked up.

**No Show Policy:** You will be charged a “No Show” fee of \$25.00 for office visits or \$150.00 for inpatient, outpatient, office procedures, or surgeries, if you “No Show” without giving 24 hours notice. If you “No Show” for your second appointment you will be dismissed from the practice. A credit card number will be kept on file to be charged ONLY if you no show for an appointment. This fee is payable only by the patient and will not be billed to your insurance company.

**Methods of Payment:** We accept cash, checks, Visa, MasterCard, Discover Card and debit cards. For your convenience and with your authorization, we can automatically charge your credit card for any outstanding balance remaining after insurance has paid. Please note that we do not accept post dated checks, nor will we hold checks for any length of time.

**Surgical Information:** In accordance with CMS regulations, Springfield Urology would like you to inform you of the physician limited ownership of certain equipment, companies or hospitals. The physicians of Springfield Urology have limited ownership of GOML which is the company that provides the ESWL or extra-corporeal shockwave lithotripsy. They also have limited ownership of Mercy Surgical Center and Ohio Valley Medical Center. If you have any concerns about this, we will be happy to refer you to another hospital or facility.

*I have read the above and understand my financial responsibility. I understand that no guarantees have been made to me about my insurance coverage, and I do not hold Springfield Urology or any of its physicians or staff responsible for my insurance coverage. I understand that I am responsible for payment of the services provided by Springfield Urology.*

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Patients Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

