

Urology Associates of Lebanon, PA, PC

FINANCIAL POLICY

We, at Urology Associates of Lebanon, PA, P.C., are committed to providing you with the best possible care and would be happy to discuss our financial policy with you at any time. It is important for you as our patient to have an understanding of our financial policy. Please feel free to discuss with us any questions or concerns you have about our fees, financial policy, or your financial responsibility.

If you do not have insurance we expect payment in full for our services, unless other arrangements are made in advance. We accept cash, checks, debit cards, VISA, MasterCard, and Discover, and Care Credit.

INSURANCE

We will help all patients with insurance to receive the maximum benefits from their insurance policy. Your insurance claim can only be completed if we are provided with all pertinent information. It is **your responsibility** to verify that your policy is in effect on the date of your service. Otherwise, you will be responsible for payment at the time of your service.

Insurance is an agreement between you and your Insurance company. We will inform you if we are participating with your insurance company and will handle your claim according to our agreement with the insurance company. **We file insurance claims as a courtesy to you, our patient.** We will not become involved in **disputes between you and your insurance company**, other than to provide necessary factual information as requested. **Co-payments, Co-insurance, and/or Deductibles are requested at the time of service, unless as noted above, arrangements have been made with management prior to performed services.** The amount you are charged is based off of an estimate of probable services to be rendered. **Upon reconciling with your insurance company, any further balances you are responsible for will be billed to you, and any credits will be refunded as appropriate. You are responsible for the prompt payment of your account.**

AGREEMENT

I have read the above Financial Policy, and I understand that I am responsible for all charges incurred, not paid by my insurance. I understand, and agree that, unless I have been making regular monthly payments, my account may be turned over to a collection agency after 90 days. I understand I will be responsible for any costs or filing fees incurred should Urology Associates of Lebanon, P.C. have to pursue payment of my account through a collection agency or attorney. Delinquency payment history may also be reported to Credit Bureaus. If you are not prepared to pay for services, Urology Associates of Lebanon, PA, PC, reserves the right to reschedule your appointment until you are able to arrange payment.