

Urologic Associates of Western Pennsylvania Financial Policy

THANK YOU for your trust in choosing us to serve your Urologic needs. In order to serve you, all new patients must complete our "Medical History Form" before seeing the doctor. As we enter this doctor-patient relationship, we agree to provide quality urologic service at a fair and reasonable price, and you in turn, agree it is your obligation to be prepared to pay at the time of service and to understand the benefits of your insurance for physician office visits. We want to explain our Financial Policy to you so there are no unpleasant surprises.

Regarding Insurance: Your insurance policy is a contract between you and your insurance carrier. Urologic Associates of Western Pennsylvania is not a party to that contract. Not all services are a covered benefit in all contracts. It is your responsibility to be aware of your insurance company's provision for payment of office visits and procedures.

If your insurance requires a co-payment, it is due at the time of service. The insurance companies require that a co-payment be made at every office visit, with few exceptions for some plans.

For the convenience of our patients, we accept cash, checks, Visa/MasterCard/Discover.

Our policy is to charge \$25.00 for missed appointments, unless canceled 24 hours in advance. Please help us serve you better by keeping scheduled appointments. An additional \$22.00 fee will be charged for any returned checks from the bank. There will also be a \$25.00 administrative fee for the filling out and completion of FMLA, Disability and Life insurance forms, due at the time of request.

Our Billing Office is available during office hours to discuss our charges, insurance questions, the status of your account, and to help you with any billing or insurance questions. You may call the Billing Office at (412) 781-6448. Thank you for understanding our financial policy and please keep our records current with any changes in address, phone number, or insurance information.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO THE TERMS LISTED ABOVE.

Signature of Patient _____ Date _____

Date of Birth _____