

**Northwest Arkansas Urology Associates**  
**Patient Financial Policy**  
*(please read carefully!)*

Welcome to our practice! In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions regarding this policy, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your treatment.

- Your health insurance policy is a contract between you and your insurance company. In many instances, the doctor is not involved. Unless either you or your health coverage carrier have made other arrangements in advance, **full payment is due at the time of service.**
- We have made prior arrangements with many health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement and will require you to pay your authorized co-payment at the time of service. We will collect the co-payment as soon as you arrive for your appointment.
- If you have a health plan that we do not have a prior agreement with, we will prepare the claim for you on an unassigned basis. This means that your carrier will send the payment directly to you. In this instance, our charges for your care and treatment will be due at the time of the service.

*For the following items, please indicate that you understand by **printing your initials**:*

\_\_\_\_\_ In order to provide the best possible service and availability to all of our patients, we need to know **as soon as possible** (at least 24 hours prior to the scheduled time) if you need to cancel or reschedule your appointment. **If you miss your appointment without notifying us beforehand, you may be billed for the time scheduled.**

\_\_\_\_\_ Not all health plans are the same nor do they all cover the same services and supplies. In the event that your health plan determines a service or supply to be “**not covered**”, you will be responsible for the complete charge for that particular service. Payment is due upon receipt of a statement from our billing service. Payment for certain supplies will be required at the time of the visit (e.g., catheters, leg bags, gauzes, lubricants, etc.).

\_\_\_\_\_ You will be charged a minimum of \$30.00 for the processing of forms (e.g., disability forms, life insurance info, FMLA, etc.) and up to \$50 for copying/faxing/mailing medical records. In most instances, your insurer does not cover these charges.

\_\_\_\_\_ There will be a \$25.00 charge for returned checks.

I have read and understand the financial policy of Northwest Arkansas Urology Associates and I agree to be bound by its terms. I also understand that such terms may be amended from time to time by the practice.

\_\_\_\_\_ signature

\_\_\_\_\_ print

\_\_\_\_\_ date