

SPOKANE UROLOGY FINANCIAL POLICIES

Welcome to our office!

We are pleased to welcome you as a patient. The following is our financial policy. We feel that it is very important that our patients have a clear understanding of our expectations regarding your billing and the payment of our services.

FEES

The fees for treatment are payable at the time of service unless you have insurance coverage. If you do not have insurance, the initial visit is **estimated at \$300.00. A minimum deposit of \$200.00 will be required at the time of service.**

MEDICARE & MEDICARE ADVANTAGE PLANS

We accept assignment on all Medicare claims and will bill Medicare for you. We will bill any supplemental insurance that is secondary to Medicare.

We bill insurance companies with which we are a contracted provider. We will also bill out of network insurance companies as a courtesy. It is your responsibility to provide us with your identification card showing proof of coverage at each visit. We also require an additional piece of photo identification.

After all insurance pays, we will send you a statement if there is any amount that you owe. Please pay promptly or call us if there is a financial hardship and you are not able to pay the full amount within 30 days of receipt of the statement. Effective 8/1/17 we will require an arrangement on file in order to pay balance due after insurance payment is received.

CO-PAYS

Many insurance companies have a co-payment. Our office requires that you pay your co-pay at the time of your appointment. Please give your co-pay to our receptionist when you check in.

REFERRALS

If your insurance company requires a referral from your primary physician, an appointment at Spokane Urology will only be made when we have this approval. It is your responsibility to make sure that Spokane Urology has this referral. Your appointment may be cancelled when you arrive if there is no referral.

CANCELLATION

To respect our other patients seeking treatment, we ask that you notify our office at least 24 hours prior to cancellation or change of appointment. **Three no show or failed appointments could have a negative effect on future appointments.**

We accept VISA, Master Card, Discover and Care Credit. We monitor our accounts regularly and nonpayment may jeopardize your ability to be seen by our providers. All accounts over 90 days will be sent to collections unless payments arrangements are made with our patient accounts department. If you are having financial difficulty, our business office will be happy to work with you.

I HAVE READ AND ACCEPT THE SPOKANE UROLOGY ASSOCIATES FINANCIAL POLICY.

Signature of Responsible Party (Patient)

Date

Please Print Name

Date of Birth