

# CENTRAL TEXAS UROLOGY

## PATIENT FINANCIAL POLICY STATEMENT

The physicians and staff of Central Texas Urology (CTU) are here to serve your needs as our patient. It is our goal to create an experience for our patients that hopefully will limit the amount of stress patients may encounter. Our PATIENT FINANCIAL POLICY is intended to describe our expectations regarding the payment for services we provide.

Our staff is prepared to provide patients with any assistance or resources possible in making payment arrangements for services. We can help patients contact the appropriate entities to obtain the documents needed to insure proper payment such as referrals and pre-authorizations for procedures. We ask that patients recognize their responsibility to understand what services their insurance covers as well as what documents are required to assure that payment is made.

This FINANCIAL POLICY details the expectations of our medical group as they relate to patients making payments for provided services. Patients should acknowledge the following policy requirements:

1. The patient, or his/her designated guarantor, is responsible for payment of services.
2. All office charges, co-payments, and applicable deductible amounts are due at the time of service unless otherwise specified.
3. The provision of an insurance card for payment of services will be accepted and filed on the behalf of the patient; however, the patient is still responsible for payment if his/her insurance coverage fails to adequately provide payment in a timely or appropriate manner.
4. It is the obligation of the patient to obtain and provide any referral notifications required by the patient's insurance carrier. Without the appropriate referral the patient's appointment may be rescheduled.
5. Arrangements for co-insurance amounts or surgery deposits must be made prior to the scheduled surgery date in order to prevent possible delays in providing the services.
6. Patient account balances are due within 30 days of the receipt of the billing statement unless otherwise specified.
7. Patients may contact our patient accounts representatives to make payment arrangements:
  - Balances less than \$150 must be paid within 90 days.
  - Balances of \$151 to \$500 must be paid within 6 months.
  - Balances greater than \$500 must be paid within 12 months or less.
8. After 90 days, if no arrangements have been made for payment, or if no payments have been received, then collection proceedings will begin.

We ask that each patient sign this document as part of his/her registration at CTU in accordance with the following statement:

"I, \_\_\_\_\_ (patient/guarantor), acknowledge that I received and  
(Please print name)

read this financial policy statement."

\_\_\_\_\_  
(Patient's/guarantor's signature)

\_\_\_\_\_  
(Date)