

**Urology Associates of DuPage**  
**FINANCIAL POLICY**

**Co-payments and Deductibles:** In accordance with the participation agreements with the payers, including Medicare, co-payments and deductibles are your responsibility. Co-pays are expected at the time of service. Neither co-pays nor deductibles will be written off your account. If you cannot pay the co-pay or deductible at the time of service, a \$25.00 fee will be charged to bill you for the co-pay or deductible.

**Self-Pay Patients:** Full payment is due at the time services are rendered unless an alternate financial arrangement has been made. Our policy is to collect for payment in full for office visits at the time of service from patients who present without billable insurance coverage, including patients who do not have a current insurance card. You will be notified of this expectation at the time the appointment is scheduled. If you cannot pay for the service at the time of visit, you may be asked to reschedule your appointment.

**Insurance:** Your insurance coverage represents a contract between you and your insurance carrier. When a claim is submitted but denied, it is your responsibility to then contact your insurance company concerning the denial. Denied and disputed claims do not suspend your requirements to pay for services rendered at Urology Associates of DuPage.

**Copy of your insurance card(s):** Because insurance companies change, as do their P.O. boxes and addresses, we require that you provide us with your card each and every time you report to our office so that a copy can be made. It is your responsibility to notify us of any changes in your insurance status or insurance company. Please note that should there be a delay in notification of any change in your insurance information, you will be responsible for full payment of services for that visit.

**Medicare:** The physicians at Urology Associates of DuPage accept assignment from Medicare for services rendered. You are responsible for the co-insurance, deductibles and services not covered by Medicare. If you have a Medicare supplementary insurance, we will submit a claim on your behalf. If we do not receive payment from the secondary carrier within 45 days of submission, then you will be automatically billed for the balance due and you will need to seek reimbursement from your insurance carrier.

**Medicaid/IDPA Patients:** Our physicians do not participate in this program. We are happy to see you and provide you with care, but you will be considered a Self Pay patient. We do have financial hardship forms that you can complete for assistance consideration.

**Not Medically Necessary Services:** Because Medicare will only pay for services that it determines to be reasonable and necessary, an Advance Beneficiary Notice (ABN) may be requested of the patient. This notice makes you aware of the type of service in question, as well as why it may be considered not medically necessary. You have the option to sign the notice and accept full responsibility for payment of services rendered should such payment be denied, or refuse these services. If you do not sign the ABN, then we may not be able to render the service(s).

**Workers Compensation:** We will file a claim with your employer or its Workers' Compensation carrier as long as we have written verification from your employer that your injury is being considered a compensable Workers' compensation claim. According to Illinois State Law, you are responsible for all amounts not covered under your Workers Compensation claim not paid in full by your employer or your employer's insurance carrier.

**Missed Appointments:** Urology Associates of DuPage may charge \$40.00 for those patients who miss an appointment, cancel, or reschedule an appointment the same day as their appointment.

**Returned Checks:** There is a \$35.00 charge for returned checks.

**Form Completions:** Urology Associates of DuPage may charge a fee for filling out paperwork requested by the patient. This fee varies (\$10-\$50) depending on the complexity and research required to complete the paperwork. This service is not billable to your insurance carrier; therefore you will be responsible for payment. Please understand it may be necessary for you to schedule an office visit to aid in the completion of certain forms.

**Continuity of Care:** Because Urology Associates of DuPage is a group practice consisting of four (4) doctors that each have a special interest in different aspects of Urology, there are times when you may be seen by more than one doctor. This can occur because of a special problem that you may have, a procedure you may need, an emergency occurs, your physician is unavailable or you are required to stay in the hospital.

**Account Statements:** Statements are mailed to patients once their insurance has made payment for services. Payment on patient balance is expected on receipt of the statement. Any payment plans must be arranged with our billing department. Seriously past due accounts may be referred to a collection agency.

By signing below, I certify I have read, understand, and agree to adhere to Urology Associates of DuPage Financial Policy. I authorize payment of insurance benefits for claims submitted on my behalf to be made to Urology Associates of DuPage. I also authorize the release of medical information about me or information pertaining to my case which may be necessary to process any claims on my behalf.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Printed Name