

CAPITOL UROLOGY, PA

Financial Policy

Payment is expected at time of service:

Payment is required at the time services are rendered. This includes applicable coinsurance and copayments for participating insurance companies. We will accept cash, personal checks, VISA and MasterCard. Those patients who do not have insurance or who has a carrier in which we are not in network with are expected to pay in full on the day of service. **A delinquent account flat fee of \$100 will be applied on each patient account that is not paid in ten (10) days after the initial billing statement is sent.**

All outstanding balances of 30 days or more must be paid in full at the time of service or arrangements made for a budget payment plan.

Insurance

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible, coinsurance or copayments at the time of service. If we have not received payment from your insurance within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

Managed Care Insurance Plans:

If you are enrolled in a managed care insurance plan (ie HMO), you must receive a referral from your Primary Care Physician (PCP) office before seeing one of our providers. Retroactive referrals are not obtained by our office.

Refunds:

Patient/guarantor credits will be retained on account to be credited toward future balances. A written request for refund will be honored if the patient has no future appointments scheduled.

Missed Appointments/Late Cancellations/Late Reschedule

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are to be 48 hours prior to the appointment. We reserve the right to charge \$50 for missed, cancellations or reschedules made without a 48 hour notice, same day canceled appointments or same day rescheduled appointments. Excessive abuse of this policy may result in discharge from practice.

Patient Signature _____ Date: _____

