

UROLOGY SPECIALISTS OF ATLANTA, L.L.C.

5673 PEACHTREE DUNWOODY ROAD-SUITE 910-ATLANTA,GA 30342

PHONE: (404) 255-3822 • FAX: (404) 255-0495

FINANCIAL POLICY

Dear Patient:

Thank you for placing your trust in our office. We believe a full disclosure of our financial policy is important in making your association with us a pleasant experience. Please read this policy carefully, direct any questions to the receptionist and sign the acknowledgement below.

YOU MUST PRESENT YOUR CURRENT INSURANCE CARD(S) TO THE RECEPTIONIST AT EACH VISIT. If you have more than one insurance policy, please be sure to tell the receptionist which plan is primary and which is secondary. If, after 45 days from the date of service, we have not received payment from your insurance company we may request your assistance in getting the claim processed.

ALL CO-PAYMENTS, DEDUCTIBLES AND CO-INSURANCE AMOUNTS ARE DUE AT CHECK-IN. For your convenience, we accept cash, personal checks, MasterCard and Visa. We are obligated as part of our contract with the insurance managed care organizations to collect the co-payments, deductibles and co-insurance amounts at the time the service is rendered. A charge of \$25.00 will be assessed on all personal checks returned by the bank.

Our providers participate with most major insurance plans. For your protection, please verify with your insurance company that our office is currently participating with your particular insurance plan. Please be familiar with your coverage and the limitations of your insurance policy. Your health plan may not pay for every service you need. **Please understand that you are responsible for any charges not covered by your insurance plan.** All patients who have accounts with outstanding balances will receive a monthly statement from our billing office. If your account becomes past due, we will take the necessary steps to collect this debt. Should it be necessary to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred with this process.

Since we are a specialty medical practice, some managed care plans require a referral from your primary care physician in order to be seen by our physicians. Should your insurance plan require such a referral, it is **solely your responsibility to obtain a current referral from your primary care physician.** Please do not ask our receptionist to obtain this referral for you. You must bring the referral to our office on the day of your appointment or arrange to have your primary care physician mail or fax the referral to our office in advance of your scheduled appointment. Your appointment may have to be rescheduled if you do not have the required referral.

I acknowledge that I have read and understand the policies as stated above. Once you have signed this agreement, you agree to all the terms and conditions herein and the agreement will be in full force and effect.

Signature of Patient or Responsible Party: _____

Patient's Name _____ Date _____
(Please print)

FINANCIAL POLICY
ADMINISTRATIVE SERVICES

The physicians of Urology Specialists of Atlanta, LLC are committed to meeting your health care needs. Listed below are the administrative services that are available on an “as needed” basis and the cost associated with each request.

- Please allow 72 hours for your request to be processed. Records over 10 pages will be mailed, not faxed. You may mail your request to the Medical Records Department, or call 404-255-3822

Patients requesting their medical records - over 10 pgs	\$20
Less than 10 pgs.	No charge
Stat Requests (less than 72 hrs.)	\$40

*There is no charge for medical records sent to physicians or hospitals.

- Completion of forms \$35
(to include, but not limited to the following forms)
 - Disability
 - FMLA
 - Return to Work
 - Other miscellaneous forms

Please allow 7 - 10 days for all forms to be completed.

By signing this form, you agree to adhere to this policy and to pay for these services. Fees must be paid before receiving requested items.

Signature

Date