

- d. If you are unable to meet the minimum payment, please contact the Patient Accounts Representative at (360) 424-7991 to discuss other options for payment.
- 6. You are responsible for any charges not covered by your insurance. We recognize you, the patient, as responsible for your charges even if you have the right to be reimbursed by an ex-spouse, attorney, insurance company, or any other third party. We will provide additional copies of your bill upon request.
- 7. Charges not paid at the time of service are due within 30 days. Visa and MasterCard are accepted.
- 8. Fees for elective procedures are collected in full at least one-week prior to the date of the procedure.
- 9. With the exception of elective procedures, if your charges are large and it would be unreasonable to require the full payment, we will be happy to arrange a payment plan that is agreed upon by both parties in advance of the service.
- 10. Should your account become past due, it will be subject to a 1% per month charge (\$1 minimum) and failure to pay in full in a reasonable time will result in your account being submitted to an outside collection agency. If you are having financial difficulties, please contact our Business Office to make payment arrangements.
- 11. If you have changes in your insurance carrier(s), demographic information, or Primary Care Physician, please notify our office immediately in order to update your medical record.

If you have any questions about our policies, please feel free to discuss them with us by calling our Business Office at (360) 424-7991, Monday through Thursday, 8:30am to 5:00pm.

I have read and understand the payment policies of this office.

Signed: _____ Date: _____

Please bring this notice with you for your appointment on: _____
 at _____ am/pm, with Doctor _____.

Northwest Urology Clinic

Patient Information and Instructions

As you are aware, our office will charge for the services you receive. Please bring your insurance card or come prepared to pay as you would when you purchase any other goods or services. We have adopted an office policy for payment of fees, which we feel is fair and equitable for both you and the doctors.

Our Payment Policy is as Follows:

1. Please contact your insurance company before your appointment to determine if we are contracted with your plan, then review the appropriate payment policy as outlined below:
2. If we are a contracted, Preferred Provider with your insurance company, we will bill the insurance directly. However, we require that you pay the deductible and/or co-payment at the time of service. If co-payments are not paid at the time of service, a \$15.00 service fee will be added to your account. Insurance balances become the responsibility of the patient if not paid by the carrier within 60 days. We accept payments by cash, check, or credit card.
3. If we are not contracted with your insurance, as a courtesy, we will bill your insurance carrier directly; however, we require that 25% of your charges be paid by you at the time of service. Because it takes insurance companies 30-90 days to process claims, and they seldom pay in full, we feel the 25% payment at the time of service is fair to both parties. We will, of course, promptly reimburse you should your insurer pay more than the balance of your account.
4. Medicare Patients: Our office does accept Medicare assignment, which means that the Medicare check will be sent to the Physician. If we are contracted with your supplemental insurance company, billing will be taken care of from this office. If we are not contracted with your supplemental insurance company, you will be responsible for billing them.
5. If you have no insurance, please be prepared to pay:
 - a. \$125.00 minimum for your first office visit
 - b. \$75.00 minimum for follow-up visits
 - c. A minimum of 50% of charges of office procedures; and a Payment Agreement must be arranged with the Patient Accounts Representative prior to the procedure.