

East Texas Urology Specialists

David T. Price, MD

Tina C. Price, MSN, AGNP-C

1111 W. Frank Ave. Ste. 303 Phone #: (936) 632-0074

Lufkin, TX 75904 Fax #: (936) 632-0081

Our staff appreciates the confidence you have shown in choosing them to provide for your health care needs. We are committed to providing you with the best possible medical care. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our services. As a courtesy, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of services received under the care of the staff of East Texas Urology Specialists.

PAYMENTS

Co-Payment Policy for Office Visits

1. All co-payments, co-insurance and deductibles are due and payable **PRIOR** to services being rendered and is required by your insurance to be paid at each visit. This policy includes Medicare patients who do not have a supplemental policy.
2. If you do not know your copay amount, we will collect a minimum of \$30.00. Our billing department will bill or credit you accordingly after your insurance pays their portion.
If you are not prepared to pay your co-payment prior to your visit, we will kindly reschedule your appointment for a more convenient time.
3. Overpayments will be refunded after all charges have been processed and paid by your insurance company and refund is requested.

Co-Payment for Surgical Procedures and Office-Based Procedures

4. Copayments or deductibles towards procedures are the patient's responsibility and must be paid in full prior to the procedure. If payment is not received prior to your procedure, your procedure will be postponed.

Self-Pay Patients

5. We welcome self-pay patients when insurance coverage is not available for our services. Patients without insurance are asked to assume full financial responsibility for the office visit and any other services rendered. Self-pay patients are required to pay for their office visits and procedures in full prior to services being rendered.

Returned Checks Policy

6. There is a \$25.00 service charge on all returned checks. After receiving a returned check, East Texas Urology Specialists will only accept cash, money order or credit card for future payments.

Cancellation/No Show Policy

7. While understanding there may be times when you miss an appointment due to emergencies or obligations, East Texas Urology Specialists requires at least 24 hours' notice on all canceled appointments. Our fee is \$25.00 for appointments not canceled or not rescheduled in advance.
8. Cancellation/no show fees must be paid prior to your next appointment.

Form Completion Policy

9. There is a \$25.00 charge for completion of all medical forms. This fee is due when forms are left with the receptionist to be filled out.

Pre-authorization for Medications

10. There is a \$25.00 charge for medication pre-authorizations. We will attempt to gain pre-authorization, but policy changes with most insurance companies have made it almost impossible to get authorizations for medications. It will be the patient's responsibility to pay for medications which are prescribed by the physician if authorization is not granted. Fee is not refunded if authorization is denied.

Medical Records

11. There is a \$6.50 minimum processing fee to the patient for medical records requested by the patient or a non-referring physician.

If you fail to meet the financial obligations agreed upon in this financial policy or other payment arrangements made with East Texas Urology Specialists, your outstanding balance will be sent to a collection agency and the complete balance will have to be paid before receiving further treatment.

I have read and understand East Texas Urology Specialists Statement of Patient Financial Responsibility. I agree to assign insurance benefits to my doctor whenever necessary. I authorize East Texas Urology Specialists to release information to a collection agency or attorney. In the event of nonpayment or default, I am responsible for all costs and reasonable collection/attorney's fees. East Texas Urology Specialists reserves the right to change or amend this statement at any time and at its discretion.

Signature of Patient/Responsible Party

Printed Name of Signer

Date of Signature
