

Urological Surgery, P.A.
44 Birch St., Suite 303
Derry, New Hampshire 03038

Edward A Chibaro M.D., F.A.C.S.

Patient Financial Policy

Urological Surgery Professional Association is committed to providing you with the best possible care. If you have medical insurance, we will make every effort to assist you in receiving your maximum allowable benefit. In order to achieve these goals, we need your assistance and understanding of your insurance benefits.

Payment for non-covered / non-contracted office visits, lab work and minor procedures within the office is required at the time of service unless payment arrangements have been made in advance with our Patient Accounts Department. We accept cash, checks, MasterCard, Visa, Discover and American Express. In special circumstances, based upon financial necessity, the practice may accept assignment of insurance benefits at its discretion.

Returned checks and delinquent accounts will be subject an additional collection fees. A \$45 (forty-five dollar) office charge will be incurred for "no-shows" and for appointments which are not cancelled with a 24 hour advanced notice.

Two important factors you need to realize are:

- 1.) Our fees are set up to fall within the acceptable range of usual and customary fees for the area and therefore are usually covered up to the maximum allowance determined by each insurance carrier according to your individual policy. However, it must be noted, all insurance carriers determine their own usual and customary fees sometimes create wide variations.
- 2.) Not all services are a covered benefit in all contracts. It is your duty to know what your coverage includes. Some insurance companies arbitrarily select certain services they will not cover. In this situation the charges incurred become your responsibility to be paid at the time of service. However, if reimbursement is received by us from your insurance company, we will gladly refund or credit your account.

We must emphasize that as medical care providers, our primary responsibility is to you. Prior to surgery, if your insurance requires a special form, you will need to provide our billing department with a signed copy. The patient part of that form should be filled out by you also. This will expedite the settlement of your claim. While the filing of insurance claims is completed by this office, it must be noted that any insurance discrepancies or balances remain solely the responsibility of the patient. All accounts are given 30 days in which a settlement or budget agreement must be completed We encourage you to contact us promptly for assistance in the management of your account.

The only exception being for "elective / non covered services" which may not be covered by your insurance company, is to be paid at 100% one week prior to the surgery.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to call us. We are here to help you.

Signature

Date

Witness

Date