

PATIENT FINANCIAL OFFICE POLICIES

INSURANCE: We (Center for Urinary and Pelvic Disorders or CUPD) file insurance claims as a courtesy to our patients but we expect to be paid in a timely manner. If your claim is not paid within 60 days, you will be expected to pay the balance for the date of visit concerned. If your insurance eventually pays the claim, we will refund the balance due to you. As the contracted billing company for CUPD, Medical Insurance Filing Services (MIFS) has the authorization to file claims on your behalf.

As our patient, we expect you to provide our office with proper documentation and/or any changes of your insurance and personal information prior to being seen by the physician. Without advance notice of changes, we are unable to verify coverage and you will be responsible for paying for your visit at the time of service.

We will work with you to be certain that we have done everything properly to help you receive your benefits. However, claim denials are increasing steadily and neither we nor you can assume that they will be processed timely or fairly. Therefore, we do not assume the risk that the claim will not be approved.

You are responsible for knowing your insurance policy. You will be responsible for any charges if the following apply: 1) your health plan requires prior authorization or referral by a primary care physician (PCP) before receiving services at CUPD, and you have not obtained such authorization or referral; 2) you receive services in excess of such authorization or referral; 3) your health plan determines that services you received at CUPD are not medically necessary and/or not covered by your insurance plan; or 4) your health plan has lapsed or expired at the time you receive services at CUPD.

We will gladly discuss your proposed treatment and answer any questions about your insurance. It is important to understand we do participate in many insurance plans. Your insurance, however, is a contract between you, your employer (if applicable), and the insurance company. We are often not a party to that contract. We are very sensitive to keeping healthcare costs affordable to our patients. However, not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. We must emphasize that as your medical care provider, our relationship is with you, not your insurance company. It is your obligation to reimburse our office for any services not covered by your insurance. Our office does not define or perform treatment based on what insurance allows. We plan and perform treatment according to what is most beneficial to your health.

NO SHOW POLICY: You will be charged \$35 for a "no show" fee for missed office visits and \$55 for missed procedure appointments which are not cancelled or rescheduled within 24 hours prior to your scheduled appointment.

FEE FOR PAPERWORK: For patients requiring forms to be completed for disability claims, FMLA, or any work-related forms for surgery, there will be a fee of \$40 per packet of forms. Normal time frame for preparing these forms may take up to 2 weeks. There will be additional fees for "rush service".

FEE FOR MEDICAL RECORDS RELEASE: Should you request a copy of your medical records, a copy fee of \$20 is required for the first 5 pages and 50 cents per page thereafter plus mailing fees in accordance with Tennessee state law. We cannot fax personal medical records.

COLLECTIONS: In the event that your account is balanced with a collection agency, a collection fee of 33.33% of the outstanding balance will be added to your account and shall become part of the total amount due. If your account is subsequently placed with an attorney for legal action, whether the suit is actually filed or not, attorney's fees will be added to the balance as of the date of placement with the attorney (including collection fees). In addition, any payment returned by your financial institution will be subject to the maximum service charge (and/or processing fee) allowed by law. You further agree that we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or email, by using any information given to us. Methods of contact may also include using pre-recorded/artificial voice messages and/or use of an automated dialing service as applicable.

By signing below, you are stating that you have read and understand the guidelines set above.

_____ Date _____