

At Advanced Urology, we are committed to giving our patients the best experience possible by focusing on innovative treatments, exceptional service, and superior outcomes. We ensure patients are provided education regarding their medical situation and financial responsibility for services.

Please carefully read the information about insurance terms and our payment policy. A copy will be provided upon request.

- **Insurance:** *While we participate in most insurance plans, including Medicare, **knowing your insurance benefits and in-network/out of network status is your responsibility.** Please contact your insurance company in advance regarding your coverage or prior approval requirements such as a referral, authorization, or precertification. **We are considered a specialty and your plan may have specific exclusions that limit insurance coverage** conditions like infertility, erectile dysfunction, contraceptives, and sterilization (this list is NOT inclusive) and place of service(treatment).*
- **Proof of insurance/identity:** A picture identification of the patient or legal patient representative and valid insurance card are necessary to provide proof of insurance coverage.
- **Self-pay:** A person who pays out of pocket for a health-related service in absence of insurance to cover the medical or surgical procedure performed.
- **Payment:** All insured or self-pay patients must pay the estimated amount, which is calculated based on the patient's insurance benefits, or copay at time of service. If additional charges are incurred, the patient is responsible for payment upon receiving the billing statement.
- **Non-covered service:** A non-covered service is one which will not be paid for by Medicare or your insurance plan. You must pay for this service in full by the time of the visit or upon receiving your billing statement.
- **Copayment:** A form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received.
 - There may be separate copayments for different services.
 - Co-pay is not waived at any time.
- **Deductible:** A fixed dollar amount during the benefit period that an insured person pays before the insurer starts to make payments for covered medical services.
 - Plans may have both per individual and per family deductibles.
 - Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission.
 - Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.
- **Coinsurance:** A form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible and copay amount.
- **In-network:** Healthcare providers and facilities that contract with your insurance company at a preferred rate.
- **Out-of-network:** Healthcare providers and facilities that do not contract with your insurance company. The cost may be higher.
- **Claims Submission:** Advanced Urology will submit your claims on your behalf. Unpaid balances, after all claims have processed, are your responsibility.
- **Explanation of Benefits (EOB):** An EOB is a statement from your health insurance plan describing what costs will be covered for medical care or products you've received, and your financial responsibility for that claim.
 - Advanced Urology may partner with other providers for surgeries and procedures.

- These services are billed separately from the Advanced Urology physician charges.
- These services could include any of the following: (not an inclusive list)
 - Anesthesia
 - Laboratory and Pathology
 - Radiology
 - Supplies
 - Surgical Assistants
 - Other Care
- You may notice additional charges for these services on your Explanation of Benefits that you receive from your insurance company.
- **Insurance Reimbursement:** Private health insurers or public payers such as Medicare/Medicaid may pay the provider directly for services rendered or reimburse the insured for expenses incurred from medical treatment.
 - When your claim is processed, your insurance carrier may mail you the check for these charges. This check will be made payable to the primary subscriber on the policy.
 - As soon as the check is received, it is your legal responsibility to endorse the check and bring it to the office, along with an explanation of benefits.
 - The payment will be posted to your account.
 - You will be legally responsible for the total charge incurred if you do not forward the check and explanation of benefits to us.
 - Our billing office closely monitors all payment disbursement from insurance carriers.
 - We require that all checks be forwarded to our office no later than seven (7) days from the date your insurance carrier issues the check.
- **Coverage changes:** If your insurance changes, please notify us before the next visit so we can update the insurance plan to help you receive your maximum benefits.
- **Nonpayment:** If your account is 90 days past due, you will receive a letter stating that you have 20 days to pay your account. An unpaid balance may be referred to a collection agency.
- **Refund Policy:** When patient payment is collected pre-service and the patient cancels/reschedules the appointment/procedure, or when the pre-service collection is greater than the patient responsibility assigned by the insurance on the EOB, the payment will either be refunded or applied to other open account balances. Refunds will not be processed until all open claims have been adjudicated by the insurance, unless required by contract or law.

If you should have any questions regarding these processes, please let a staff member know and we will be happy to discuss with you. We appreciate the opportunity to serve your healthcare needs.

Thank you,

Advanced Team
678.344.8900

Print Patient Name: _____

Patient/Legal Patient Representative Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____