

NORTHWEST UNITED UROLOGY, LLC BILLING POLICY

PATIENT FINANCIAL RESPONSIBILITY

1. If insurance card is unavailable, payment is required in full at time of service.
2. Payment can be made with cash, check, Visa, MasterCard, and debit cards.
3. ***The bill for services rendered is your responsibility, the patient.*** We participate in many managed care plans, will file and make attempt to collect our allowable fees, however, if they do not pay in a timely fashion ***it is ultimately your responsibility*** and we will expect payment from you.
4. If you are covered by an insurance plan, you must provide:
 - a. Co-payment at time of service.
 - b. Valid insurance card and verification at or before date of service.
 - c. If you have HMO insurance, and a referral is required, it is your responsibility to bring it at time of service.

BILLING POLICY

1. **There will be a \$55.00 service charge for any returned check.**
2. **You will be charged \$50.00 if you do not show up or cancel your appointment within 24 hours of a scheduled office visit or follow up.**
3. **You will be charged \$75.00 if you do not show up or cancel your appointment within 24 hours of a scheduled procedure.**

For patients who are underage, non-emergent treatment will be denied unless the adult accompanying the minor accepts responsibility.

NORTHWEST UNITED UROLOGY, LLC NOTICE OF PRIVACY PRACTICES

We are required by law to provide you with a notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information that is described in the privacy notice.