

UROLOGY ASSOCIATES OF NORTHWEST INDIANA, PC

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MEDICAL PRACTICE FINANCIAL POLICY

Urology Associates and the staff are committed to providing you and your family with quality medical and surgical care. We are here to answer any questions that you have and to provide for any special needs or concerns. This Medical Practice Financial Policy clearly outlines patient and practice financial responsibilities. It has been created to avoid any misunderstanding or disagreement concerning payment for professional services provided by our physicians, and the staff.

Our doctors participate in many insurance plans. Our office will submit a claim for services rendered for our patients. It is your responsibility to:

- * Provide our office with accurate and complete insurance information.
- * Bring your insurance card to every office visit.
- * Be prepared to pay any co-pay, coinsurance and/or deductible at each office visit.
(payment can be made by cash, check or credit card (visa or mastercard) or a payment plan is available.)
- * Make payment, in full at the time of the visit, for medical care or office procedures that are not covered by your insurance plan.

If you have insurance for which our doctors are not a participating provider, or services provided are part of a worker's compensation or automobile insurance claim, our office will gladly file your claim upon request, with all information needed to file. Payment for the office visit and any office procedures performed is expected, in full, at the time services are rendered.

Patients that do not have insurance are expected to pay for all professional services provided, at the time that services are rendered.

If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us of this prior to your office visit.

It is your responsibility to bring any referrals required by your insurance company on the day of, or prior to, your office visit or surgical procedure. If you do not have the required referral, your visit or procedure may be rescheduled, or you may be held financially responsible for all costs of treatment rendered.

If the patient is a minor (18 years old or younger), the patient's parent or guardian is financially responsible for any payments due at the time of service. Non-emergent treatment will be denied for minors not accompanied by a parent or guardian. The parent or guardian is responsible for providing complete and accurate information and for bringing the necessary referrals.

An account statement will be sent to you, after payment has been received from your insurance company, indicating any unpaid balance. You are expected to pay any unpaid account balance at that time. In the event that your account becomes more than 90 days delinquent, you agree to pay any unpaid balance including all costs of collection and attorney's fees.

If you have questions about your insurance, we are happy to be of assistance. Specific coverage issues, however, should be directed to your insurance company.

Urology Associates of NWI and the staff firmly believe that a good patient-physician relationship requires understanding and good communication. Please sign below, indicating that you have read, and understand, and agree to this Medical Practice Financial Policy.

Signature of Patient or Responsible Party

Date _____