THE BHALANI UROLOGY INSTITUTE

# FINANCIAL POLICY

The Bhalani Urology Institute LLC (TBUI) is dedicated to providing quality patient care and is also aware that financial concerns are part of your welfare.

Please read the following carefully and sign below.

Before your visit, TBUI is required to verify your member eligibility with your insurance company. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If you are concerned about coverage for any of our services, please contact your insurance company prior to your visit. If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for the services we have provided to you.

In addition, for your protection and in accordance with federal regulations, TBUI is required to verify your identity (valid driver's license or other form of acceptable photo identification). Your failure to provide an acceptable form of photo identification may cause denial of services. Please inform the front office staff if you have any concerns regarding your insurance benefits or if you do not have insurance coverage (you are "self-pay"). If you are self-pay, and are unable to satisfy your financial obligations to TBUI, you may want to contact your local health department to see if you are eligible for Medical Assistance.

**Copayments, Coinsurance, and Outstanding Balances**: Copayments, coinsurance and outstanding balances not covered by insurance are due prior or at the time services are rendered. Payment can be made by check, cash, debit card, Master Card, or VISA. Returned checks will be subject to a $35 returned check fee. If the check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment. Additionally, you may be eligible to finance amounts which you owe for services rendered through a third-party financial institution. Inability to pay at the time of service may result in having to reschedule your appointment.

**Referrals**: It is your responsibility to obtain a referral from your primary care physician. Referrals must be presented at the time services are rendered, if applicable. If you need to have a referral faxed to us, our office will provide you with our fax number. If your insurance plan requires you to have a referral or other authorization, and you fail to provide that to us, your appointment will be rescheduled or your claim for that date of service will be processed via opt-out benefits, if applicable.

**Insured Patients**: For those insurance companies with which we are contracted (where we are considered a participating provider), we will submit a claim on your behalf for the services we provide. Any copayments, coinsurance or outstanding balances must be paid in full prior to or at the time of service. We recommend that patients contact their insurance carrier for specific questions related to your Explanation of Benefits.

For those insurance companies with which we are not contracted, have no out-of-network benefits and we are unable to determine if services will be covered, we will require payment in full for all services provided at the time of service. We will provide you with an itemized statement indicating the services rendered, our fees, and your payment received. You can submit this statement to your insurance company for reimbursement.

**Self-Pay Patients**: Payment for service is due in full at the time of service unless other arrangements have been made with our Patient Accounting Department prior or on the day of service.

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**Diagnostic Testing**: During the course of your medical treatment with The Bhalani Urology Institute LLC, including your office visit and/or surgical procedure, your urologist may request that a tissue, blood or urine specimen be obtained for the purpose of diagnostic testing. This testing is being performed in order to assist your urologist in the diagnosis and management of your urologic condition. Depending upon the requirements of your insurance coverage, these specimens may be processed at a third-party laboratory, for example Quest or LabCorp. The costs of these laboratory tests vary depending upon the nature and complexity of each test. The cost for a diagnostic test, including the cost that you will be required to pay, if any, depends on your insurance carrier and the type of insurance coverage you have. Please note: Charges for specimens processed at a third-party laboratory will be billed to you directly by that laboratory.

**No Show / Same Day Cancellation Policy**: We gladly reserve appointment times for you and appreciate that you have chosen The Bhalani Urology Institute LLC for your care. As a courtesy, we will remind you of your appointment by calling and/or text/emailing you prior to your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your care. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. A $50 missed appointment fee will be charged to you for any missed appointment where you fail to cancel a scheduled appointment at least 2 business days prior to the time of that scheduled appointment. A $150 surgery/procedure cancellation fee will be charged to you for any cancellation where you fail to cancel at least 3 business days prior to office procedures and 5 business days prior to hospital/ASC surgery. These fees will be your responsibility to pay and will not be billed to your insurance company.

**Account Balances and Credit Card on File Policy**: The Bhalani Urology Institute LLC is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will scan your card with our card reader. It will store your card number in a secure, compliant location in your electronic medical records. For security reasons, only the last four digits will be visible to our staff. Credit cards on file will be used to pay copays when you are seen in our office, including account balances, after your insurance processes your claim.

If we do not receive payment for the amount listed on your statement within 13 days, we will run the credit card on file for the full amount. If your payment is declined, we will call you. If our reminder call is not returned within one week, a $35 declined payment fee will be applied and another statement will be mailed.

Please note that failure to pay outstanding balances that are your responsibility may result in having to reschedule future appointments until balances are resolved. In addition, any unpaid delinquent balance may (a) delay scheduling of future appointments (b) result in your account being forwarded to a collection agency or collection attorney of our choice, which may result in additional fees to you including attorney's fees equal and up to 40% of your outstanding balance, (c) reporting you to one or more third-party credit reporting agencies, and (d) termination from the practice.

**Contact Information**: All contact information obtained by the Practice from you may be used for the purposes of collecting all outstanding balances owed to TBUI.

**Billing Matters / Grievances**: For billing matters, you may contact one of our Patient Accounting Liaisons at 678-635-0328. Grievances must be received in writing within 60 days of receipt of a billing statement or conversation with TBUI staff regarding the matter in question.

**THE FOLLOWING PROVISION APPLIES TO ALL PATIENTS EXCEPT THOSE WHO ONLY HAVE MEDICARE WITH NO SECONDARY COVERAGE. IF YOU ARE COVERED 1) BY MEDICARE AND HAVE SECONDARY COVERAGE, OR 2) IF YOU ARE COVERED BY A MEDICARE ADVANTAGE PLAN.**

By signing below, I hereby authorize and request my insurance company to make payment directly to The Bhalani Urology Institute LLC of any benefits that may be due for covered services and supplies rendered to me by The Bhalani Urology Institute LLC.

## AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

By signing below, I hereby authorize the release of medical or other information necessary to process health insurance claims. I also request payment of benefits to myself or to my provider, The Bhalani Urology Institute LLC when he accepts assignment.

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION

By signing below, I hereby authorize my provider, The Bhalani Urology Institute LLC to release any information necessary for my course of treatment.

Name (please print):_____ Date: _____

Signature of Responsible Party (Guarantor):

_____

Relationship to Patient(s) (please check): ☐ Self ☐ Other:_____

Witness Signature: _____

**Note:** The patient (or guarantor) must sign this sheet and present valid photo identification before the patient can be seen. This is for your protection and to prevent fraud.