

Louisiana Urology, LLC
Financial Policy

Patient Name: _____ DOB: _____

FOR PATIENTS WITH INSURANCE:

We are contracted with most insurance companies, but please check with your insurer to make sure that we are a participating provider for your plan. If so, we will file your claim for you if proper proof of coverage is provided to us at the time of your visit. Your insurance coverage is a contract between you and your insurer and, although we will make every reasonable effort to assist you in getting your claim paid, any charges incurred are ultimately your responsibility. Occasionally, your insurer may send you a questionnaire that must be answered before they will process your claim. Please respond to any correspondence promptly in order to expedite your claim payment.

- ❖ **Copayments:** Copayments are due at the time of service and are collected upon arrival.
- ❖ **Deductibles and Coinsurance:** Deductibles and coinsurance are due at the time of service and are collected upon arrival. We will estimate these amounts as closely as possible. Should an overpayment occur, it will be refunded to you once your insurance has paid your claim.
- ❖ **Outstanding Balances:** If you have an outstanding balance at the time of your appointment, please be prepared to pay it when you check in.

Wellness Visits: We **do not** perform the **Medicare Wellness Visit**. If you have another insurer that allows you to use your yearly prostate exam as your annual wellness visit, please let the doctor know that you are here for your wellness exam so that we can file your claim properly. We can only file for a wellness exam when the patient has no symptoms and is only being seen for their routine prostate exam and PSA. If you are having symptoms or chose to discuss other medical problems during your visit, your insurer will process your claim with the applicable copayment or deductible.

FOR PRIVATE PAY PATIENTS:

Payment is required at the time of service. For new patients, please be prepared to pay \$200 for your first appointment. If additional testing or imaging is performed, this amount may be more.

FORMS OF PAYMENT ACCEPTED:

- ❖ **Cash or Money Order**
- ❖ **Checks**
- ❖ **Credit Cards:** Visa, Mastercard, Discover and American Express
- ❖ **Health Savings/Reimbursement Credit Cards:** If you have an HSA or HRA card from one of the above vendors, we can accept this just like a regular credit card as long as there are funds in the account for processing.
- ❖ **Care Credit**

CARE CREDIT INFORMATION:

Because we are seeing more and more patients with high deductible insurance plans, we now offer short-term financing for up to six months with no interest through Care Credit. Please ask to speak to a patient account representative in our office if you would like more information about this program.

Thank you for entrusting us with your medical care. Please let us know if you have any questions or concerns.

I have read and understand the above financial policy:

Signature of Patient of Responsible Party

Date