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Clinical Urology Associates, P.C.

Financial & Privacy Policy

Thank You for Choosing Clinical Urology Associates, P.C. (CUA) as your Healthcare Provider. The Following guidelines have been established to help you understand our expectations for our services.

Assignment of Benefits (by signing this you state that)

I hereby assign and authorize payment directly to Clinical Urology Associates, P.C. all benefits payable under the terms of any insurance policy if insurance is filed by this office. I realize the insurance benefits may not pay the entire bill and agree to pay the difference or the entire bill if necessary. I authorize the release of any medical and medication information necessary to process my insurance claims or to continue my medical care.

Payment in Full

You are responsible for your co-pay, any unmet deductibles, and "co-insurance" that your insurance plan considers your responsibility at the time of your visit. We gladly accept cash, checks, and most credit cards.

Insurance Claims

As a courtesy to our patients, we will file your primary and secondary insurance claims. In order for us to provide this service, we need to copy your most current insurance card and a picture ID. Any payment from your insurance company will come to CUA for our services when we file for you. Please remember that insurance coverage is a contract between the patient and the insurance company, therefore any co-payments or deductibles are due at the time of your appointment. You will be responsible for any non-covered services. If your insurance payment is not received within 60(sixty) days, the balance will automatically be assigned to you for payment and will be due immediately.

Usual & Customary Reimbursement

Our charges (fees) have been set to accurately reflect the complexity of care rendered and the skill and expertise required for your care. We assure you that our fees reflect what is usual and customary. If your insurance company's fee schedule falls below the level of charge, you will be responsible for payment in full (unless we have a written contract with your insurance company).

Self-Pay

You are required to pay in full when services are rendered if you have no insurance. Any payment arrangements must be made prior to seeing the physician.

Collection Policy

If your account becomes delinquent, and sent to an outside agency or attorney for collection you will be responsible for all costs, including agency fees, attorney fees, court costs, and any other related expenses. Your account will be changed to a "cash only" status and prepayment prior to service will be required. You agree and waive all rights to claim personal property exempt under the laws of the state of Alabama.

Missed Appointments

If you miss more than one appointment (without rescheduling in advance) you will be charged a \$20 "No Show" fee that must be paid prior to coming in for a new visit. This fee is \$50 for in office procedures.

HIPAA

I acknowledge that I have been offered and received a copy of the HIPAA policy. (Page 1 of 2)

Medicare Patients

Initial _____



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We are participating physicians with Medicare. This means that you will be responsible for 20% of the approved Medicare fee, the yearly deductible and full payment of non-covered services. As a courtesy to our patients, CUA will file any secondary claims.

Financial Hardship Policy

Please ask to speak to the billing department to discuss payment plans and options if you have a financial hardship. Please be prepared to present proof of the hardship including previous year's tax statements, outstanding debt, proof of income or proof of no income, and other documents as needed. Failure to establish a written payment policy with CUA can result in your account being sent to an outside collection agency. This can result in additional legal fees and charges. **CUA reports to credit agencies.**

Prescription Medication

Please remember that your prescription drug coverage is a contract between you and your insurance provider. Because insurance companies rapidly change, we must charge a fee prior to performing the steps required to satisfy your insurance company requests. You must contact your insurance company or your pharmacy if there is a problem with filling your prescription.

Blue Cross

According to Article 4 (IV) of the PMD agreement, each patient must sign notification of responsibility for payment of medical services in writing for services not covered under the PMD benefit agreement plan.

Article 10 (X) states that the patient will be responsible for any and all rendered professional services not covered by Blue Cross & Blue Shield of Alabama.

EXAMPLE: Services for experimental or investigative treatment, cosmetic surgery, pre-existing conditions, and routine check-ups.

The patient is responsible for all charges not covered by his/her insurance plan.

If you have any questions regarding CUA's financial & HIPAA policy, we will be most happy to answer them for you.

Date

Signature