

**UROLOGY CARE, P.A.**

1501 N. BICKETT BLVD, SUITE G

LOUISBURG, NC 27549

**FINANCIAL POLICY**

Welcome to our practice, please take a moment to review our financial policy.

If you have selected to receive your insurance payments directly then you will need to pay for your visit in full each time you are seen in our office.

Individuals, who do not have health insurance or are awaiting insurance coverage, are expected to pay for their visit in full when they check-in. If the exact amount of the visit cannot be determined until after the visit is completed, then you will be asked to pay an estimated amount at the time of check-in, and this will be reconciled with the actual charges at the end of the visit.

An adult or legal guardian must accompany all minors to their office visit. A notarized authorization to treat a minor is also acceptable as well. The adult or legal guardian accompanying the minor assumes all financial responsibility for the cost of the minor’s visit.

**It is your responsibility to notify us of any changes in your insurance coverage at the time you check-in for your appointment. Failure to notify us of any insurance changes may result in charges for which you will be held responsible.**

Delinquent accounts (past due 90 days or more) will be forwarded to Credit Data and/or a Collection agency. You will also be responsible for all fees including but not limited to collection fees.

There is a \$25.00 service fee on each return checks. An NSF check must be redeemed with cash or a certified form of payment such as money order, cashier’s check, or a certified bank check.

If you need to reschedule an appointment, please contact us at least 24 hours in advance. This is especially important if you are scheduled for an in-office procedure or treatment. Any opened unused medication or disposable medical device will be charged to your account if you do not notify us in advance.

I have read the above financial policy and agree to abide by the terms of this policy.

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Patient Signature

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Date