



PATIENT FINANCIAL POLICY

(Please read carefully!)

Welcome to our practice and thank you for placing your trust in us! We are committed to providing the best possible care and believe your complete understanding of your financial responsibilities is an essential element of your care. In order to ensure effective communication between you and our practice, we have adopted the following financial policy. If you have any questions concerning this policy, please discuss them with our Business Office Manager.

- Your health insurance policy is a contract between you and your insurance company. It is your responsibility to know the specifics of your insurance coverage and benefits, and if you have any questions to inquire before services are rendered. We may provide services in our facility, such as lab work or x-rays that are sent to outside sources. These outside sources include, but are not limited to: Diagnostic Pathology Services Inc., Interpath Labs, Anesthesia Consultants of Idaho, and Boise Advanced Imaging. The Idaho Urologic Institute and the Surgery Center of Idaho are two separate companies, and on rare occasions your insurance may be in-network with the Idaho Urologic Institute and out-of-network with the Surgery Center of Idaho. If your insurance requires specific providers of service to be used, or if you have any questions regarding the cost of a service, please notify a staff member before services are rendered.
- We have made prior arrangements with many health care plans to accept an assignment of benefits. Please call your insurance company prior to your appointment to determine if your provider is a participant in your plan. We will submit a claim to those plans for which we have a contractual agreement and will expect you to pay your authorized co-payment at the time of service. We will collect all co-payments and deductibles as soon as you arrive for your appointment. We accept debit cards, checks, money orders, VISA, MasterCard, Discover or cash. It is your responsibility to be prepared to make your co-payment when you check in. If you are not able to make your co-payment, you may be asked to reschedule your appointment to a time when you are able to do so.
- If you have a health care plan we do not have a contracting agreement with, we will prepare the claim for you on an unassigned basis. In this instance, our charges for your care and treatment for your initial visit will be due at the time of the service. We must emphasize that as medical care providers, our relationship is with you, not with insurance companies, and insurance companies may calculate their reimbursement rates to you in a manner that may not fully cover your charges. It is important you understand your health insurance policy and the coverage it provides.
- Please bring a current copy of your insurance card and current referral if required by your insurance at the time of your visit. Medicaid/Healthy Connections patients are required to bring a current copy of their card or if an application is in progress, documentation from Medicaid that this will be a covered service. Healthy Connections, Tricare-Prime, Humana HMO and Pacificsource HMO patients also will need to bring the required referral or make arrangements to have it sent or faxed to our office from their Primary Care Physician **prior** to their visit. If proof of insurance is not provided, you will be expected to make payment in full at time of service.
- Please advise us of any change in address, phone number, or insurance that may occur.

For the following items, please indicate that you understand by **printing your initials**:

_____ In order to provide the best possible service and availability to all our patients, please call **as soon as possible** if you know you will need to reschedule your appointment.

_____ All health plans are not the same nor do they all cover the same services and supplies. In the event that your health plan determines a service or supply to be “**not covered**”, you will be responsible for the complete charge for that particular service. Payment is due upon receipt of a statement from our billing office. If you do not have medical insurance, charges incurred will be your responsibility and payment is expected at time of service. If you need to make arrangements for a payment plan, please contact our Business Office. Payment for certain supplies will be required at the time of the visit (e.g., catheters, leg bags, lubricants, etc.).

_____ There will be a \$25.00 charge for insufficient funds checks issued.

I have read and understand the financial policy of the Idaho Urologic Institute, PA and/or Surgery Center of Idaho, LLC and agree to be bound by its terms. I also understand that such terms may be amended from time to time by the practice.

Signature

Date

Print