



FINANCIAL POLICY

Colorado Urology Associates and other wholly owned subsidiaries (individually or collectively "Colorado") are dedicated to providing quality patient care and are also aware that financial concerns are part of your welfare.

Before your visit, Colorado is required to verify your member eligibility with your insurance company. In addition, for your protection and in accordance with federal regulations, Colorado 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 do not have insurance coverage (you are "self-pay"). If you are self-pay, and are unable to satisfy your financial obligations to Colorado, you may want to contact your local health department to see if you are eligible for Medical Assistance. Please feel free to contact our Patient Liaison at 866-681-2335 to discuss your payment options in advance.

Please read the following carefully and sign below.

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, MasterCard, VISA, American Express and Discover. 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.

There is a separate policy for self-pay elective surgeries - Elective Surgery Scheduling and Payment Policy.



Diagnostic Testing: During the course of your medical treatment with Colorado Urology, 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 Colorado Urology's in-house pathology laboratory or 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: 1) All charges for specimens processed at Colorado Urology's laboratory will be included in the statement you receive from Colorado Urology. 2) Charges for specimens processed at a third-party laboratory will be billed to you directly by that laboratory.

No Show / Same Day Cancellation Policy: A \$25 missed appointment fee will be charged to you for any missed appointment where you fail to cancel a scheduled appointment at least 24 business hours prior to the time of that scheduled appointment. The fee will be your responsibility to pay and will not be billed to your insurance company.

Account Balances: Our billing office will provide you with a monthly statement of all account activity including our charges, payments and contractual adjustments from your insurance carrier along with payments made by you. Please be aware that you will be charged a returned check fee for all payments, made by a personal check, that have been returned by your banking institution uncashed due to insufficient funds or stopped payment. **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 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 Colorado.

Billing Matters / Grievances: For billing matters, you may contact one of our Patient Accounting Liaisons at 866-681-2335. Grievances must be received in writing within 60 days of receipt of a billing statement or conversation with Colorado 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, YOU MUST INITIAL HERE. I hereby authorize and request my insurance company to make payment directly to Colorado Urology Associates and any wholly owned subsidiaries of any benefits that may be due for covered services and supplies rendered to me by Colorado Urology Associates.

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

I 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, Colorado Urology Associates when he accepts assignment.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize my provider, Colorado Urology Associates to release any information necessary for my course of treatment.

Signature: _____ Date: _____