



**FINANCIAL POLICY**

REV. 8/19/2009

In order to ensure insurance benefit coverage for any services rendered, it is imperative that the patient provide a current insurance card at each office visit. If insurance verification and coverage cannot be determined prior to the visit, payment will be requested at the time of service. *Please be advised that the eligibility and benefit information supplied by your insurance company is only an estimate and is not a guarantee of payment by the insurer.* Actual benefits are subject to all plan terms, definitions, limitations and exclusions in effect on the date of service. **Urology San Antonio will submit your bill to your insurance company for services performed by our medical providers or at our medical facilities; however, it is ultimately the patient's responsibility to pay for any and all services provided.**

If the patient's insurance plan requires a referral from the patient's primary care physician (PCP), it is the patient's responsibility to secure the referral. In addition, please be aware that not all medical facilities participate in each patient's insurance policy; therefore, the patient should verify a facility's participation with their insurer prior to scheduling diagnostic, ancillary or specialty care conducted outside of Urology San Antonio. **Urology San Antonio is not responsible for verifying benefits for hospitals, anesthesia or any other outside ancillary services or facilities.**

Co-payments and deductibles are due at time of service. For your convenience, payments can be made via cash, check, money order, Visa, MasterCard, Discover or American Express. When necessary, our business office is happy to assist patients in making special payment arrangements for unexpected and emergency services.

State law requires that insurance companies pay most claims within 45 days of submission. If there is difficulty processing any claim(s) submitted, we may ask for your assistance working with your health care plan provider. It is very important that you respond promptly to any inquiries from your insurance company since failing to do so could result in delay or denial of claim coverage.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Date

**OFFICE USE ONLY**  
Patient Account No. \_\_\_\_\_