

UROLOGY GROUP OF NEW MEXICO, PC

FINANCIAL PAYMENT POLICY

Dear Patient,

**REGARDING INSURANCE:** The doctor's service is provided directly to you and you are responsible for payment of these services. We do not provide service on the assumption that charges will be paid by your insurance company. If we are not participating providers with your insurance company, we require that payment be made at the time services are rendered. As a courtesy to our patients, we will submit a claim to your insurance company for you.

Our office participates with most Medicare senior plans and many managed care insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company, based on the guidelines of our contract. Co-payments and deductibles that have not been satisfied are required at the time services are rendered. If required by your insurance plan, it is your responsibility to obtain a proper referral from your primary care physician. If you do not secure a proper referral for the services provided, charges may be your responsibility.

In order fully to evaluate your symptoms, Urology Group of New Mexico may perform an ultrasound or an office procedure on you in addition to the office consultation. These procedures may be performed with or without local anesthesia, and they will allow for further assessment of your complaint.

If this occurs, there will be a charge for the office visit and a charge for the procedure being done. Some insurance companies may apply the co-pay to the office visit and apply the charge for the procedure toward your deductible. Your signature below indicates that you understand the information listed above, all financial questions have been answered, and that you give Urology Group of New Mexico permission to perform these procedures when necessary, today or during any future appointments. If you have any questions about the cost of these procedures, or if you do not know your insurance benefits, please contact us.

If a surgical procedure is performed, our office needs to collect any co-pays or deductibles prior to your procedure. We will bill your insurance company directly and withhold any further action for forty-five days. We strongly encourage you to get involved with the insurance company's payment process.

Informing our patients about our financial policy assists us in providing the best services to our patients. Thank you for taking the time to read this policy statement. Should you have further questions or comments; please contact our billing staff or manager.

**WE ARE HERE TO HELP YOU!**

I understand and agree to comply with this financial policy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date