

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED

AUTHORIZATION TO RELEASE MEDICAL RECORDS, INFORMATION AND TO PAY INSURANCE BENEFITS: *Coastal Urology Center is hereby authorized to furnish my insurance company with any information and copies of any records they may have concerning me or my health. A photocopy of this authorization shall be valid as the original. I hereby assign payment to Coastal Urology for surgical and/or medical benefits otherwise payable to me.*

PLEASE SIGN _____ DATE _____

Coastal Urology Center, P.A.

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PATIENT FINANCIAL POLICY

We at Coastal Urology Center, P.A. value you as a patient, and our goal is to provide all of our patients the best available urological care. Part of our relationship involves a firm understanding between you and us regarding finances; therefore, we want you to feel comfortable about our financial policy.

We participate with most major insurance companies. As a courtesy, we will help you review your insurance coverage, estimate insurance company payment, review insurance requirements and file claims with your insurance carrier(s).

Insurance coverage is a contract between you and the insurance carrier; we are not a party to that contract. However, we will endeavor to assist you in filing your claim and help you deal with your insurance carrier. In addition, we must collect co-payments, deductibles, and other out of pocket payments that your insurance company requires at the time of service. You will be responsible for any portion of your bill that is denied or not paid by your insurance carrier, and you will also be responsible for payment of services and supplies that your company does not cover.

By law, the insurance carrier must remit payment or deny the insurance claim within 30 days of initial notice of claim. If an insurance problem occurs, you will be asked to assist us in contacting the carrier because, remember, you are ultimately responsible.

You will be notified when your insurance carrier remits payment to us for outstanding fees. The billing staff will apply the insurance payment to your account and refund any credit balance we might owe you.

Our staff are instructed to make every effort available to clarify any misunderstandings you may have concerning your account balance and avoid any disagreement over payment for professional services.

All private pay patients will be required to remit full payment (or have a firm commitment in place) at the time of service. If your account is unpaid, each month you will receive a statement of the balance, which is due and

payable within 30 days. If payment is late, or if you have not previously made financial arrangements, then our staff will mail you a reminder notice indicating there is a problem with your account.

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All patients who do not remit payment after 61 days notice (without pending insurance or financial arrangement) will have future credit limited until the previous balance is paid in full or written financial arrangements are made. Finally, by all means you will want to keep your account current in order to avoid collection and / or legal action for non-payment.

For our non-English-speaking patients, we do not have translators on staff; so you will need to bring someone to translate for you. If you do not bring someone to translate to the appointment we have reserved for you, we will not be able to see you, and we will treat this as a Missed Appointment (as discussed below) and you will be charged \$25.00 for that reserved time.

Other Charges for Related Non-medical Services

Missed Appointment Policy: We ask that you appreciate the fact that if you miss or cancel an appointment at the last moment, we will be unable to fill your time slot with another patient who needs an appointment. (You would expect the same consideration when you have an urgent problem and need us to see you.) Therefore, if you need to cancel or re-schedule your appointment, we ask you to give us 24 hours notice. If you fail to give us such notice, we will charge you a \$25.00 no-show fee (which is not covered by insurance).

Called-in Prescriptions: If you call us for a prescription (either new or refill), it takes quite a bit of time to field your call, locate and review your medical record, and call your pharmacy. Therefore, we charge \$10.00 for every such call. When you are here for a visit, please be aware of when your prescriptions need to be refilled; if you will run out before your next visit with us, please ask your physician to re-write a new prescription so that you can avoid this charge.

Miscellaneous Insurance Forms: Occasionally, we are asked either by patients or insurance companies to complete various forms that are not claims for benefits for our services. If you ask us to fill out claims for disability benefits or insurance pre-certification forms for certain drugs and prescriptions, our charge is \$10.00 for each form.

I acknowledge this financial policy and agree that I am responsible for any charges not paid by my insurance carrier, as well as charges for the above non-medical services.

Patient name printed

Patient signature

Date