



PLEASE READ AND SIGN BELOW

Private insurance billing will be performed as a courtesy to the patient. If you are a member of a HMO, PPO, or IPA insurance plan which requires authorization, you will be responsible for any unauthorized treatment or charges. Occasionally, these plans will authorize treatment, but then deny the charges for lack of coverage or other reasons. In these cases, you will be billed directly after the denial.

Regardless of insurance coverage, the patient is ultimately responsible for paying for the services that they receive. Claims denied for lack of authorization, lack of coverage/eligibility, or out-of-network benefits will be the responsibility of the patient. All co-pays are due at the time of services.

If the patient’s insurance does not pay within 60 days, the entire amount is due and payable by the patient. Unless a payment plan has been arranged with the billing department, all unpaid balances over 120 days will be turned over to a collection agency. The patient will then be responsible for all collection costs, including court, attorney and interest fees.

Patient/responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* MEDICARE PATIENTS ONLY

I authorize payment of Medicare benefits be made on my behalf to Advanced Urology Medical Offices for any services furnished to me by their physicians. I authorize any holder of medical information about me to release to HCFA/CMS and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand my signature requests that payment be made and authorize release of medical information necessary to pay the claim. We will pre-notify you if we believe a charge may not be covered. Co-insurance and the deductible are based upon the charge determination of Medicare.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_