

**PLEASE ASK FOR ASSISTANCE IF YOU HAVE ANY QUESTIONS**  
**CENTER FOR UROLOGIC CARE OF BERKS COUNTY, P.C.**  
**FINANCIAL POLICY [Revised]**  
**Effective for Services Provided After March 15, 2011**

**Dear Patient,**

*Welcome!* Thank-you for selecting our office for care. In order to efficiently communicate the financial aspects of your care we are providing this information about our financial policy fees and collection procedures.

- We are participating with many insurance companies including (but not limited to) Medicare, Highmark, Freedom Blue, Capital Blue Cross, Keystone Central, Keystone Senior Blue, Aetna and Berkshire Health Partners. **Please remember that *your insurance coverage is a contract between you and your insurance carrier.*** It is important for you to understand your insurance policy's terms, limitations, rules, coverage, deductible, co-insurance, referral and pre-authorization requirements. If we are a participating provider with your insurance plan, we will accept their approved reimbursement as payment in full for covered services after all owed deductibles, co-payments, and non-covered services have been paid for by you at the time of service. In order to process any insurance claims we will need to make a copy of or scan your current insurance card(s).

- **Payment for services is due at the time services are rendered, except in limited circumstances.** If your visit is covered by insurance, your co-payment is due at the time of service, unless your Medicare Supplemental Insurance covers 100% of your co-pay. If your procedure is considered non-covered, payment "in full" in advance of the procedure will be required. You will be asked to sign a waiver form for any non-covered procedures. If you do not have insurance or if we do not accept your insurance, payment in full is due at the time of service. We will then submit the claim as a courtesy to you and you may receive payment from your insurance company. If they send us the payment, we will issue you a refund check for any duplicate payment. As a convenience, we will submit claims directly to your first two insurance carriers, if you have any additional carriers you will be responsible for submitting those claims.

- **Co-payments are due prior to services being provided and will be collected at check-in.** You will also be reminded at check-in of any outstanding balances remaining on your account that will have to be paid in full or a payment plan will have to be established. You can also discuss your account balance with a patient accounts representative if you have any questions about your balances.

- We accept personal **checks, cash, Discover, Mastercard and Visa** in meeting your payment obligations. Timely payment of accounts is your responsibility.

- If you are unable to pay in full at the time of your office visit, arrangements should be made with our billing department to request a monthly payment schedule. It is your responsibility to contact the billing department to request a monthly payment schedule. You can contact them at 610-372-8995.

- A \$25.00 service charge will be made on all checks returned for insufficient funds. We also reserve the right to not allow you to pay in the future by personal checks if you have given us a bad check. We could also notify the Berks County District Attorney's Bad Check Restitution Program because of a returned check.

- Patients who fail to show up for a new patient visit or consultation, without providing at least 24 hour advance notice, will be subject to a \$45 missed appointment fee. Established patients who fail to show up for a visit, without 24 hour advance notice, are subject to a \$25 missed appointment fee.

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- Except when patient hardship or previous payment arrangements warrant otherwise, accounts not paid within 60 days of billing, can be considered for referral to a collection agency. If that happens you will be responsible for all of the collection fees (typically 1/3 of the amount due), court costs and attorney fees (if applicable) in addition to the balance due. The collection agency, at their determination, may also report your debt to a national credit reporting agency. If that happens, it could have a negative impact on your credit standing. If there is an unpaid balance, there is a possibility you may be dismissed from the practice.

- Prior to having a procedure, study or service done in the office, surgery center or hospital, it is our process to obtain information concerning any applicable outstanding deductibles, co-payments or co-insurance which may become due because of the procedure. If it's determined that you are liable for any of these out of pocket expenses, you will have to pay for these amounts prior to the procedure or service being performed. If necessary, we will work with you to establish a reasonable payment plan. We will collect for both the professional fee and the facility fee if the procedure is being done in our surgery center and only for the professional fee if its being done at the hospital. **It is important to note that this prepayment calculation is estimated based upon information available at the time the procedure is scheduled. It could result in additional payments being owed by you after the date of service or a refund being issued to you based upon how your insurance company processes the actual submitted claims.**

- While being treated by our practice you may be referred to *Berks Urologic Surgery Center*, (located in Suite 210, right next to our office), an ambulatory surgery center, which is owned by Drs. Leoni, Miller, Henry, Sihelnik, Fleischer and Harris. **Please Note:** You may receive a separate bill from the ambulatory surgery center for any facility charges and the anesthesiologist (if applicable for your case). The only bill you would receive from Center for Urologic Care would be for the professional services of one of our physicians or nurse practitioner.

- If you have urine cytology, prostate biopsy, bladder biopsy or other types of procedures done in our office or the surgery center, the specimen may be processed by our in-house pathology lab for the global pathology charge. The Pathologists are **Dr. Christ and Dr. Connerton** who provide the professional interpretation work onsite and are affiliated with our practice. You may see their names on an explanation of benefits from your insurance company for these codes.

- If you have an imaging study done in our office, you may see the name of one of our local, affiliated radiologists on your explanation of benefits (currently, **Drs. Ehrlich, Nemeroff, and Chmielewski**).

## **Financial Policy Acknowledgement Form**

I (or my responsible party) have received, read and understand the *Center for Urologic Care of Berks County PC's Financial Policy*. I understand that I am ultimately responsible for the balance of my account for any services rendered, and for any service fees associated with the collection of my account. A photocopy of this agreement shall be considered effective and valid as original.

***Print*** Patient's Name: \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Print*** Responsible Party's Name \_\_\_\_\_ *(If applicable)*

Responsible Party's Signature \_\_\_\_\_ Date: \_\_\_\_\_

H: fin policy rev; effect 3/15/11

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