

## UNIVERSITY PEDIATRIC UROLOGY, PC

2100 W. CLINCH AVE., STE. 120  
KNOXVILLE, TN 37916

### FINANCIAL POLICY

Thank you for choosing us for your urology needs. Our practice is committed to providing you with quality and affordable health care. We want you to completely understand our financial policies. We require that you read and sign the following prior to any treatment. We hope this addresses any questions you may have regarding our billing policies.

#### **Insurance:**

We participate in most insurance plans. Your Insurance Company provides you with proof of insurance; this must be presented prior to services being rendered. We bill primary and secondary insurance plans for our patients. **Payment for co-payments, deductible and payment for any non-covered service is required at the time of your visit. If you have no insurance, your account will be treated as a cash account and payment in full is due at time of service.** We accept Visa, MasterCard and Discover credit cards.

Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to the doctor. You must agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive payment from your insurer, we will refund any overpayment to you. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

**The parent/guardian is responsible for the bill incurred, regardless of any divorce decree or court order stating otherwise.**

#### **Returned Check:**

A service charge of \$30 will be added for any checks/debit cards drawn on insufficient funds.

**Nonpayment:** We ask that your account be paid in full within 90 days from date of service. Partial payments will not be accepted unless otherwise negotiated with our billing office. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

**Surgery:** If your child has surgery, you may receive billing statements from several different providers in addition to our physician charge. The physician charge is not included in the facility (where you had surgery performed) or the anesthesia charge.

#### **Patient Information:**

You will be asked to complete a patient information form at your initial visit and each year thereafter so that your file is up to date. Please inform our office of any changes to your information such as new insurance coverage, address, telephone number, medical history, or medications at any interim visit.

#### **Missed Appointments:**

We require 24 hours notice to reschedule or cancel an appointment. If scheduled appointments are missed on a continual basis without notification of cancellation this may result in the termination of care for your child.

#### **Late Arrivals:**

Patients who arrive later than 15 minutes after their scheduled appointment time may be asked to reschedule to a later date or be worked in as time allows.