

# Urology Group of Princeton

## FINANCIAL POLICY

**Regarding Insurance:** In order to be seen by physicians at the Urology Group of Princeton and receive care through your insurance carrier, you must provide us with your insurance card. For Medicare patients, this includes both your Medicare card and your card for any other health insurance, (supplementary coverage) that you have. If you receive a new card, you must provide it to us. If your insurance has lapsed or is not in effect at the time of service, you will be required to pay the entire bill for services provided when the insurance has lapsed or is not in effect.

### **If we have a contract with your insurance plan:**

- If you have an HMO insurance plan with which we have a contract, then before you come for your appointment with us, you must obtain a proper referral from your Primary Care Physician containing a diagnosis, and stating the number of office visits approved, and the date the referral expires. **You** are responsible to keep track of the number of visits allowed and the expiration date. If your referral expires or you use all allowed visits, and then you are seen by one of our providers, you will be responsible for the entire bill for that visit. If your card says that you have a copay, you must pay that copay before you will be seen for your appointment.
- If you have a PPO or POS insurance with which we have a contract, you do not need a referral to see us. POS insurance is your choice whether you choose to have a referral or pay on your deductible. If your card says that you have a copay, you must pay that copay before you will be seen for your appointment. We will bill your insurance the balance. If your insurance company tells us that you have not satisfied your deductible for the year, then we will bill you for the deductible amount that you are required to pay, and you must pay us.

### **If we DO NOT have a contract with your insurance plan:**

- You will be required to pay in full for our services at the time of the visit. Please do not ask our front desk personnel to send you a bill after services have been performed, unless approved in advance by the office manager when the appointment is made.
- We will submit a bill to your insurance company unless you ask us not to do so, with the instruction for your insurance carrier to make payment to you (because you already have paid us). If you do not agree with your plan's payment, that is between you and your plan, because we do not have a contract with your plan.

**If you are not sure whether we have a contract with your insurance plan, please discuss this with our staff.**

**Medicare Patients:**

- You must give us your Medicare card and any card for your supplemental or other insurance (where applicable).
- You will be required to satisfy your annual \$162.00 deductible and pay your 20% copayment. If you have given us your Medicare card and other supplemental insurance cards, we do not require that you pay us at the time of service, and we will submit the claim to Medicare and to any secondary or supplemental insurance that you have.
- Approximately thirty to sixty days after the appointment, we will bill you for the balance that you owe to us, which will be the amount allowed for the service by Medicare, minus the amount that Medicare has paid us, and also minus any amount that your supplemental insurance has paid us. You are required to pay this bill.

**Medicaid Patients:**

- We are not contracted with any type of Medicaid Plans. Therefore, if you have Medicare as your primary insurance and Medicaid as your secondary insurance you will be required to pay the 20% balance at the time of service. If you have a Medicare deductible you will be responsible for that balance.

**Regarding Biopsy Charges:** There will be an additional fee charged by an outside lab for the processing of any biopsies taken either in our office or our surgery center. The professional component of reading/interpreting the pathology tissue will also be billed separately either by one of our employed pathologist or an outside pathology lab.

**About non-covered services:** A service considered by your insurance carrier to be non-medically necessary [cosmetic or otherwise] will not be covered by your insurance policy. You will be required to pay in full for this service in advance. Payment will be expected at the time of service in this circumstance, unless arrangements are made with our office administrator.

**Thank you for your understanding of our financial policy. Please let us know if you have any questions or concerns.**

I have read the Financial Policy (above). I have asked any questions that I had about this Financial Policy. I understand and agree to this Financial Policy.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Relationship/Authority of Responsible Party

\_\_\_\_\_  
Date