



Urology Consultants

www.urologyorlando.com

Mailing address
515 W. S.R. 434, Ste. 302
Longwood, FL 32750

Offices
Longwood
Winter Park • Orlando

(407) 332-0777
(800) 776-8643
FAX (407) 332.8767

Board Certified Urologists
E. Jake Jacobo, MD, FA
Steven K. Brooks, MD

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete all required paperwork before seeing the doctor.

PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, OR CREDIT CARDS. Payments are required to be paid at time of service. Pre-payment options are available and are encouraged in order to avoid any additional charges. Patients will be responsible for any fees incurred from collection agencies and/or legal services hired by Urology Consultants to secure payment for services.

INSURANCE

With prior arrangements we will file to your insurance company. However, we do require the patient's percentage of the bill to be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give a copy of your insurance card. Your insurance policy is a contract between you and your insurance company. If your insurance company has not paid your account in full with 45 days, you will be responsible for the bill within 10 days of receipt of your statement. Please be aware that some, and perhaps all, of the services provided may be NON-COVERED SERVICES and not considered reasonable by your insurance policy. Regarding Insurance Plans in which we are a participating provider; all co-pays are due at the time of treatment. In the event that your insurance coverage changes to a plan where we are not participating providers it is the responsibility of the patient to pay for services rendered at the time of the appointment.

USUAL & CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

MANAGED CARE & REFERRALS

Patients are responsible for ensuring that they are seeing a physician that is listed in their Provider Directory. Failure to do so would result in the patient being responsible for charges incurred. It is not the responsibility of Urology Consultants to ensure we are providers. Our main concern is the health of our patients. Patients that are members of an HMO are required to secure a referral from their Primary Care Physician (PCP) before scheduling an appointment with a specialist. To accommodate our patients in informing the PCP, medical records will be sent after each visit as well as a faxed request two days prior to follow up visits. If the referral is not secured by our office the day prior to follow up visits, the patient will be notified and will be given the following options: 1. Reschedule Appointment 2. Keep appointment & pay for services 3. Secure his referral from the PCP.

To expedite the referral process, patients are encouraged to inform their PCP's office of any follow up visits, procedures and/or surgery.

BENEFITS ASSIGNMENT/RELEASE OF INFORMATION/MEDIGAP

I, hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled to Urology Consultants. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

A photocopy of my insurance card is to be considered as valid as the original. I, hereby authorize Urology Consultants to release all information necessary, including medical records and **HIV related medical record documentation**, if any, to any third party payer to whom the patient has directed the bill be sent to secure payment. My signature constitutes a lifetime authorization. I authorize the doctors to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I prefer that Urology Consultants contact me before any HIV related medical record documentation be given to any party including my insurance company. In which case I will be responsible for any charges incurred from your office within 10 days after contacting me. I do understand that information regarding HIV results, therapy, counseling, etc., obtained by Urology Consultants will be released to the Health Department as required by law. I request that payment of authorized **MEDIGAP** benefits be made either to me or on my behalf to Urology Consultants for any services furnished me by that physician. I authorize any holder of medical information about me to release to my insurance company any information needed to determine these benefits or the benefits payable for related services. My signature constitutes a lifetime authorization.

Name of Patient (printed) _____

Signature of Patient _____

Today's Date _____

Signature of Guardian _____
(if applicable)

Today's Date _____