



FINANCIAL POLICY SUMMARY

Thank You for choosing Urology Associates as your healthcare provider. Urology Associates of Green Bay is committed to providing you with quality medical care. We will provide assistance in meeting your financial obligations to Urology Associates of Green Bay. The following is a summary of our Financial Policy:

- A financial advisor is available to help you find the best payment plan for charges not covered by your insurance.
- As a courtesy to Urology Associates of Green Bay patients, your charges will be billed to your insurance carrier(s). Please note all charges are ultimately your responsibility.
- **Co-Payments are required at time of service. Co-insurances, deductibles and any non-covered charges that are in bad credit standing are to be paid at time of service, unless an approved payment agreement has been made with the clinic or the Business Office.** Payments may be made by cash, check, debit card or credit card (MasterCard, VISA & Discover) at the time of service.
- Discounts are available for self-pay patients (patients without insurance) if balance is paid in full within 30 business days. A promissory note will need to be signed by guarantor stating that balance will be paid in full, if not paid within 30 days no discount will be given. A 10% discount will be given for payments made with a check or cash. A 7% discount will be given for payments made with a credit/debit card. *(Some Exclusions May Apply)*
- Patients **without** insurance are expected to pay at time of service. If you are unable to clear your balance, a minimum of \$300.00 is required at the time of service and a payment agreement will be made for the remaining balance.
- Patients **without** insurance who are in need of a non-emergent surgical procedure will be required to pay **25%** of the cost upfront prior to scheduling the procedure.
- Please understand that coverage varies significantly among the many insurance carriers. Therefore, it is your responsibility to thoroughly understand the coverage and expectations of your particular policy. Charges that are uncovered and those not reimbursed in full by your insurance are a patient responsibility. The facility will assist in anyway it can in resolving these issues, but ultimately the responsibility is the patient's.
- **There will be a \$35.00 fee applied to all NSF checks.**
- In the case of a divorce, the parent bringing a dependent child in for services will be responsible to pay the co-payment for that date of service and any balance that may be on the account, regardless of the divorce decree.
- Any unpaid balance over 60 days without a payment agreement is considered in bad credit standing.
- **You are financially responsible for the timely payment of your outstanding bill per our financial policy. You will be responsible for any and all collection agency fees up to 33.33% of the amount placed with the collection agency. In the event we seek legal action for collection on your account, you will be responsible for any and all fees associated with court costs, garnishments, and/ or attorney fees.**
- The complete Financial Policy will be made available upon request.

The undersigned agrees to the Urology Associates of Green Bay Financial Policy:

Signature: _____ Date: _____

MONTHLY PAYMENT GUIDELINES

1. Balances under \$200.00 must be Paid In Full
2. Balances \$200.00 and over will be divided by 4 months
3. Automatic withdrawal from Credit / Debit Card, either the 1st or the 15th of the month, divided by 4 months
4. Care Credit accepted, please ask for details