

Urology Associates of Mobile, P.A.

Patient Financial Responsibility

Patient: _____ Account#: _____

Urology Associates of Mobile, P.A. appreciates the confidence you have shown in choosing us to provide for your urologic needs. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for the payment of your bill. You are responsible for payment of any co-payment at the time of service and on receipt of a bill for any deductible/coinsurance as determined by your contract with your insurance carrier. Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amount not covered by your insurer. If your insurance carrier denies any part of your claim, you will be responsible for your account balance in full. You will also be responsible for all fees on returned checks. If your balance is not paid in full within sixty days, your account will be considered in default. If your account is in default and referred to a collection agency or attorney, you agree to pay a collection cost equal to 33 1/3% of the balance owed. Additionally, you consent, as needed, for Urology Associates of Mobile, P.A. to pull your credit bureau report from time to time.

I have read the above policy regarding my financial responsibility to Urology Associates of Mobile, P.A. for providing services to the above named patient or me. I certify that the information provided is, to the best of my knowledge, true and accurate. I authorize my insurer to pay any benefits directly to Urology Associates of Mobile, P.A. I agree to pay Urology Associates of Mobile, P.A. the full and entire amount of all bills incurred by me or the above named patient, if applicable, any amount due after payment has been made by my insurance carrier.

Patient/Responsible Party Signature

Date

Office staff Signature

Date