

*Orange County Urology Associates, Inc.*  
*Financial Policy*

Welcome to Orange County Urology Associates, Inc. Your initial visit can range from \$200 to \$500. Here are some guidelines to help you get your insurance information ready for your visit:

**MEDICARE**

- Do you have a supplemental plan?
  - YES – We will bill both insurances on your behalf. You will be billed for any balance owed by you after the insurances have paid their amounts.
  - NO –
    - i. Have you met your deductible? If not; (2014: \$147 Part B)
    - ii. You will be required to pay your co-insurance percentage and any portion of the deductible that has not been met at check in.

**PPO PLAN**

- You will be expected to pay your share of cost at check in.
  - This will include any office services including drugs
- Are we contracted with your insurance company?
  - YES – You will be required to pay your co-payment and/or deductible at check in.
  - NO – You will be required to pay in full at check in.
- Do you have a SECONDARY INSURANCE?
  - YES – You will be required to pay your co-payment and co-insurance amounts at check in. We will bill your secondary insurance; if we receive payment we will reimburse you any excess amounts.
- You may receive charges from an outside laboratory. These charges were incurred because the tests were necessary to diagnose and/or treat your condition.
- We will bill your insurance(s) as a courtesy. Payments received in excess of your account balance will be refunded to you.

**HMO, EPO, POS OR MANAGED CARE PLANS**

- Has your primary care physician AUTHORIZED your visit?
  - Visits with prior approval. If your plan requires a co-payment, you will be required to pay at check in.
  - Visits without prior approval. You will be required to pay in full at check in.

**You will be required to PAY IN FULL at check in if;**

- You are **OUT OF NETWORK**
- You have **NO INSURANCE**
- We are **NOT CONTRACTED WITH YOUR INSURANCE**

\*\*\*We recommend that you verify your benefits with your insurance plan prior to your visit.\*\*\*

**IF YOU FAIL TO PROVIDE COMPLETE, UP-TO-DATE, ACCURATE INSURANCE INFORMATION**

- You will be considered a **CASH** patient and will be **required to pay in full** at check in.
- OCUA will not be responsible for billing insurance for this date of service retroactively

Effective May 1, 2009 the Federal Trade Commission (FTC) has implemented a new regulation known as the Red Flag Rule requiring physicians to develop and implement identity theft detection and prevention programs. **TO PROTECT YOU AGAINST IDENTITY THEFT** we are required to ask for a photo ID, and a second type of identification.

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**Assignment of Benefit-Financial Agreement**

Assignment and Release. I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT THEY ARE COVERED BY MY INSURANCE. I hereby assign my benefits to be paid directly to my physician and any assisting physicians. I understand a monthly service fee will be charged on all balance 61 days and older. In the event of default, I agree to pay all costs of collection and reasonable attorney's fees.

**I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY FOR  
ORANGE COUNTY UROLOGY ASSOCIATES, INC.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date