UROLOGY ASSOCIATES OF DANBURY, P.C.

ADULT & PEDIATRIC UROLOGY

www.danburyurology.com

WILLIAM T. HENNESSY, M.D., F.A.C.S.
JEFFREY I. GORELICK, M.D., F.A.C.S.
EDWARD M. BECK, M.D., F.A.C.S.
STANFORD R. BRODER, M.D., F.A.C.S.
JEANETTE M. RIVERA, M.D., F.A.C.O.G
J. JAMES BRUNO, II, M.D.
DIANE ST. PIERRE, M.H.S., P.A.C.
GARY A. MILLER, P.A.

FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either yourself or your health insurance carrier, full payment is due at the time of service. For your convenience, we will accept VISA, Mastercard, Discover, and Amex.

Insurance:
We have agreements with many insurance plans to accept an assignment of benefits. We will bill those plans for whom we have an agreement and will only require you to pay the authorized co-payment/deductible.

It is the policy of our office to collect your co-pay when you arrive for your appointment. If you do not pay at the time of service, there will be a $15.00 billing service charge. We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Referrals:
If your insurance company requires a referral to see a specialist, you are responsible for obtaining the referral. If the referral is not processed BEFORE your visit, the insurance company will not cover your visit and you will be responsible for the balance of the bill.

Cancellation/No Show Policy:
Your appointment time is reserved for you with your provider. PLEASE be aware that our policy states that proper notification of 48 hours is expected. A $50.00 fee will be charged per missed office visit. Vasectomy and Urodynamic Study appointments require a $100.00 deposit. If you do not cancel the appointment within 48 hours, not including weekends and holidays, the deposit will NOT be refunded.

Minor Patients:
For all services rendered to minor patients, we look to the adult accompanying the patient and the parent or guardian with custody for payment.

Insurance Authorization:
I hereby authorize Urology Associates of Danbury, P.C. to furnish information to insurance carriers concerning my illness and treatment.
I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

________________________________ ________________
Signature of Patient or Responsible Party if a Minor   Date

____
Signature of Co-responsible Party

____
Please Print the Name of the Patient

Date: 01/15/2010