

SUBIR CHHIKARA, M.D.

AUSTIN UROLOGICAL ASSOCIATES, P.A

FINANCIAL POLICY

****Please read carefully, initial where indicated and sign below****

It is not possible for the office to keep track of the individual requirements of every insurance plan as they apply to your particular situation. Each plan outlines specific coverage benefits that may stipulate special requirements and/or exclusions, preexisting clauses, or specify contracted facilities/providers for laboratory, x-ray and surgical procedures. Please be aware that some of these stipulations may be in fine print in the insurance brochure and specific benefits may be routinely adjusted. It is also possible for plan benefits to differ within the same employer group depending on the type of contract negotiated. Many HMO policies require referrals for services; if so, YOU MUST OBTAIN THIS APPROVAL PRIOR TO YOUR APPOINTMENT. Other plans may limit how often certain services may be rendered.

_____ Insurance co-pays are due **AT THE TIME OF SERVICE; if you are unable to pay your co-pay you may be asked to reschedule your appointment.** Due to the fact that our providers are specialists, higher co-pays may apply.
Initial

_____ It is the patient's responsibility to know where your insurance company **REQUIRES** you to obtain any labs, x-rays, and any other ancillary services. Please let the medical staff know so that they may schedule tests accordingly.
Initial

_____ It is the patient's responsibility to obtain all referrals from the primary care physician, when applicable. **If you do not have a current referral on file, you will be asked to reschedule your appointment.**
Initial

_____ CT scan & in office surgeries typically are applied towards your deductible, co-insurance and out of pocket amounts. All fees will be due prior to the CT or surgical procedures being done, unless pre-arranged prior to visit date.
Initial

_____ Lab services cannot be billed until the date the test is performed, regardless of the date the specimen was obtained.
Initial

_____ Austin Urological Associates follows governmental guidelines when billing our services. Many insurance companies will process charges for ancillary services (labs, x-rays, to include CT scans; procedures, etc.) and make the patient responsible for balances above the office co-pay. This could be in the form of deductibles, co-insurance or additional co-pays. We participate with many insurance companies to enable our patient's affordable medical care. Because of this, we are obligated to follow the guidelines that the insurance companies give us on patient balances. If you have specific questions about how your insurance company processed your claim, please call them directly.
Initial

_____ If we do not participate with your insurance company, you will be considered a self-pay patient. The policy for self-pay patients, as seen below, will apply.
Initial

SELF-PAY PATIENTS ONLY

_____ If you do not have insurance you will be considered a self-pay patient, which means when you check out you will be required to pay all charges in full. If you pay at the time of service you will receive at 50% discount. We accept MasterCard, Visa, checks and cash.
Initial

By signing this financial policy I acknowledge that I have read and understand the above information. The patient/responsible party must initial and sign this financial policy.

Patient Signature

Date Signed