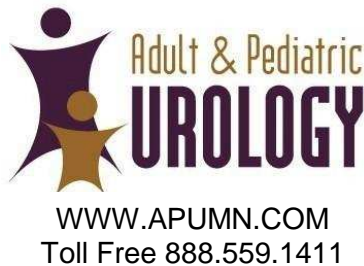


Main Office
Northwest Professional Building
2351 Connecticut Ave S, Suite 200
Sartell, MN 56377
320.259.1411
Fax 320.259.8967



Buffalo Office
1700 Highway 25 N, Suite 120
Buffalo, MN 55313
763.682.2268
Fax 763.682.2019

Adult and Pediatric Urology Financial Policy

Insurance: Adult & Pediatric Urology participates with most insurance plans and Medicare. As a courtesy to our patients we will file all primary and secondary insurances. You will be asked to complete a registration form, provide your insurance card and a photo ID during your first visit. You are responsible for all co-insurance, deductible and non-covered services not paid by your insurance company. You will receive a statement from our office after the insurance has processed the claim. Payments are due upon receipt of statement.

Dispute of Insurance payment: If you feel that your insurance company has processed your claim incorrectly, it is the patient's responsibility to contact the insurance company to resolve the dispute.

No insurance/ self pay: Payment for services are due at the time the services are rendered unless arrangements are made prior to the appointment.

Copays: All office copays are to be paid at the time the service is provided.

Payment Options: We accept cash, checks, MasterCard, Visa, Discover and American Express.

Past Due Accounts- We consider patient accounts to be past due after 30 days. Please contact the business office if you need to set up a monthly payment plan. A finance charge of .66 % (7.92 APR) per month will be added to all accounts that are over 60 days past due.

Referrals: Patients are responsible to get insurance referrals from their primary care clinic.

Service Charge for Returned Checks: A service charge of \$30.00 will be added to your account for any check that is returned to us from your bank.

Cancellation of Appointment: If you are unable to keep your scheduled appointment, please call our office as soon as possible to cancel or reschedule your appointment. If you miss two scheduled appointments, Adult and Pediatric Urology reserves the right to require a \$100.00 deposit prior to scheduling the next appointment.

Financial Hardship Policy: It is expected that patients pay for their health care services. Adult and Pediatric Urology staff will evaluate the needs of patients that have indicated a possible financial hardship on their current outstanding balance. A written application must be filled out and must include a copy of the most recent Federal tax return and proof that the patient is not eligible for Medicaid. Please contact the Business Office for an application. Once we receive a completed application the office billing staff and /or the patient's physician will determine the amount of reduction of the outstanding balance.