

DuPage Urology Associates  
Financial Policy

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FOR PATIENTS WITH INSURANCE** We bill most insurance carriers for you if proper paperwork is provided to us at the time of your visit. Your insurance coverage is an agreement between you and your insurer. Our office participates with Medicare and many managed care insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company along the guidelines of our contract. **Co-Pays must be satisfied at each and every visit.** Balances from co-insurance/deductibles or non-covered services must be paid in full.

\_\_\_ HMO Plans – You are required to initiate the referral process. Appointments will need to be rescheduled for any patient who shows up without a referral.

\_\_\_ PPO Plans. We have agreed to accept the discounted rate from plans we participate in, however all coinsurance is your responsibility.

\_\_\_ Medicare. As a participating provider, we will bill your Medicare carrier. You are responsible for your 20% co-payment and/or any yearly deductible.

\_\_\_ Workman's Compensation. If your visit today is due to a work related injury, we will need the case number and carrier name **prior** to your visit in order to bill the worker's compensation insurance company.

\_\_\_ Self Pay – Payment in full is required at the time of service. Future appointments will not be scheduled unless your account is current.

**SECONDARY INSURERS:**

Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. We will bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance(s) has cleared.

**MINOR PATIENTS:**

The adult accompanying a minor on the initial visit will be responsible for full payment or insurance co-payments regardless of whose name the policy is under. Please be aware that unaccompanied minors will not be treated in our office.

**RETURNED CHECKS:**

The fee for a returned check is \$25.00

**VASECTOMY:**

Because a vasectomy is an elective procedure, your insurance may or may not cover this procedure. We will contact your insurance company prior to your appointment to verify this information. Payment is expected in full prior to your procedure if it is not covered.

**Please note that there is a \$100 cancellation fee for any vasectomy that is cancelled less than 48 hours in advance.** \_\_\_\_\_ Patient's Initials.

**Payment for services performed:**

Our office accepts Cash, Check, Visa, Mastercard or Discover. All payments are expected at the time of service.

**I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY DUPAGE UROLOGY ASSOCIATES AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY.**

\_\_\_\_\_  
Patient or Guardian  
(Must be 18 or older to sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print patient name