

Financial Policy Children's Urology of the Carolinas

Thank you for choosing us for your pediatric urology care. The following is our financial policy, which we require you to read and sign prior to any treatment.

All patients / families should complete our Information and Insurance form prior to seeing the doctor. Co-payment is due at the time of service. We accept cash, check, or credit card (MasterCard or Visa only)

INSURANCE PLANS

No matter your plan, we will file your insurance at time of service. No matter the type of health insurance, you are responsible for all non-covered expenses, co-pays, and deductibles. If a required authorization is not obtained and your child's condition is non-emergent, we may reschedule your appointment.

Managed Care (HMO/PPO)

You are responsible for obtaining any required authorization prior to your appointment.

Non-Managed Care Plans (Point of Service)

You are responsible for knowing what is covered by your insurance company's plan. We charge what is usual and customary for our region. Some, and perhaps all, of the services provided by us may be non-covered by your insurance company.

Medicaid

You are responsible for bringing an updated Medicaid card to each visit.

If your Medicaid program is affiliated with an HMO plan (Carolina Access, United Healthcare, Coventry/Southcare), then you are responsible for obtaining authorization and referral.

Surgery Pre-certification

We will obtain pre-certification for surgery from your insurance company. We ask that you alert us of any insurance changes and all insurance plan(s) coverage before your surgery.

Divorce

Divorce decrees are only binding between the two parties who made the agreement. It is our policy that the parent or guardian accompanying the patient is the responsible party for arranging payment.

Thank you for your understanding. Please, do not hesitate to ask questions.

I have read the Financial Policy and asked appropriate questions as necessary. I understand and agree with these Financial Policies.

X _____

Date _____

Print Name of Responsible Party _____