

Baton Rouge Urology Group

7777 Hennessy Blvd., Suite 2004, Baton Rouge, LA 70808 225-769-2500 800-259-7763

FINANCIAL POLICY

Thank you for choosing Baton Rouge Urology Group for all of your urologic needs. Our goal is to provide and maintain an excellent patient-physician relationship. In order to do this, we have provided the following financial policies. Please take the time to read this information carefully. If you have any questions, please speak to our Business Office **before** your visit. Should you need assistance from our Business Office after your visit today, we can be reached at (225)-763-0971.

-Our office accepts Cash, Money Orders, Visa, Mastercard, Discover and American Express. Personal Checks are accepted for established patients that have accounts in good standing. Returned check fee is \$25. Returned check fees must be paid by cash, money order or credit card. If a check has been returned from your bank for any reason, we reserve the right to refuse future personal checks.

-ALL copayments, deductibles and coinsurance amounts are due at the time of treatment. If you have a deductible or coinsurance, you will only be asked for the amount that we expect you will owe. Insurance discounts will be considered when collecting your deductible or coinsurance amounts. ***Please note that we cannot "bill" you for these expected amounts. Please bring the necessary payment method(s) with you to each visit.***

-Patients with Medicare only (no secondary coverage) will be responsible for payment of the 20% coinsurance and the Part B deductible (if not met) at the time of service.

-Please bring your insurance card with you to each visit. Our staff will verify your eligibility and your insurance company will give us basic policy information including copayment amounts (when available).

-If you do not have insurance coverage, a \$225 deposit (cash or credit card only) will be required **prior** to your initial visit. Any outstanding amount will be due at the conclusion of the visit. All subsequent visits will be required to be paid in full at the time of service.

- Your insurance policy is a contract between you, your insurance company and possibly your employer. It is your responsibility to know and understand your benefit plan and what types of coverage it offers. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. Please note that our staff cannot quote benefit information. You should always refer back to your written insurance policy with any questions.

-Our office provides specialty services for urologic care. We do not provide routine medical physicals or "check-ups." If you are seeking routine medical care, you should contact your primary physician for these services.

-Statements are mailed monthly for any amount owed that was not collected at the time of service (emergency room visits or treatment, hospital visits, etc.) Payment is due within 30 days from the date of statement. If you are unable to pay the bill in full within 30 days, call our Business Office immediately to discuss. We understand that temporary financial struggles may interfere with timely payment. We strongly encourage you to call our office immediately to discuss this matter. Financial concerns should not interfere with urgent medical needs.

-Accounts that are neglected and found not to be in good standing will be "deactivated" until the balance has been paid in full. No future appointments can be made until the account has been paid in full. Interest charges may apply. Delinquent accounts will be referred to an outside collection agency. If your account has been referred to an outside collection agency, **YOU** will be responsible for any fees associated with the collection process including but not limited to: collection agency fees, attorney fees, court costs and other charges as applicable by law.

COMPLETION OF SUPPLEMENTAL FORMS

-If it becomes necessary to complete forms for supplemental policies such as cancer policies, accident policies, etc. a \$20 fee will apply for BASIC forms of 1-2 pages. If the form is complex or more than 2 pages, a \$40 charge will apply. If the form is exceptionally lengthy or complex requiring additional physician time, a staff member will notify you with the price prior to the completion of the form. Any form completion fee must be paid by cash, money order or credit card prior to completion of the form. Currently, our office does not charge for completion of one work related, federally mandated FMLA form per surgery or illness.

APPOINTMENTS

Physicians schedule appointments in advance however the nature of our work necessitates a large volume of emergencies in the office and in the hospital. We will attempt to make every effort to decrease your wait time in our facility. Most emergencies occur with very little notice. Please make sure we have accurate contact phone numbers on file to be able to reach you should we need to reschedule. If you find you are unable to keep an appointment, please notify our office immediately but no less than 24 hours prior to your appointment.

It is our sincere desire to deliver the highest quality of medical care while conserving the cost associated with providing the best care. We ask that you consider these policies when scheduling appointments. If you have any questions, please ASK BEFORE you receive medical care. Our Business Office Associates are available to assist you. They may be reached by calling (225)-763-0971. Other departments may be reached by calling (225)-769-2500 or (800)-259-7763