

North Atlanta Urology

**Dr. Douglas Nyhoff: Dr. Howard Goldberg: Dr. Harvey Tauber: Dr. Paul Rubin:
Dr. Howard Rottenberg**

FINANCIAL POLICY

North Atlanta Urology is pleased that you have selected our practice to provide Urologic care for you or your family. In order to better serve your needs and avoid confusion, it is important for you to understand our financial policy. North Atlanta Urology will process any/all U.S. based insurance claims on behalf of our patients. Since it is impossible for us to keep track of every insurance plan and how it works, we expect you to know your coverage, co-pay and/or deductible levels. North Atlanta Urology will assist you with your insurance coverage and paper work to the best of our ability if you present your current insurance card or information at the time of service. Without current insurance information, you will be entered into our system as a self-pay patient. You are required to make a \$100 dollar down payment (before treatment) and you will be billed for the remainder amount of the visit.

Copay/coinsurance/deductibles: All co-pays/coinsurance/deductibles required by your insurance plan are collected at the time of service. Patients receiving Urodynamic services should be aware that although these services are diagnostic in nature, they may be considered surgical by your insurance company and therefore may require a separate co-pay or coinsurance.

Referrals/pre cert/prior auth: If an insurance referral from your primary care physician is required, you must present it at the time of service. If you choose to be seen without the appropriate referral in hand, you agree to be responsible for the charges should they not be covered by your insurance.

Disputes: If for any reason you dispute coverage or payments made by your insurance company, it is your responsibility to contact your insurance company and to resolve the matter based on your insurance company's arbitration or resolution process. We will provide documentation (providing your signature of authorization is on file) to assist in the dispute resolution process. During this time, you will be asked to pay in full the balance or schedule payment arrangements by contacting the Business Office at 770-995-0424.

I understand and agree that regardless of my insurance, I am ultimately responsible for the balance of my account for any services rendered. I acknowledge that I have read and understand all of the foregoing and authorize North Atlanta Urology to treat me and/or my dependants.

Patient Signature _____ **Date** _____
Guardian or Family Member if patient is unable to sign