



## Financial Policy and Patient Consent Form

Urology Associates of North Texas, L.L.P., (“UANT”) recognizes the need for a clear understanding between patient and medical provider regarding protected health information and financial arrangements for healthcare. The following information is provided to avoid any misunderstanding concerning protected health information and payment for professional services.

**1. PAYMENT:** Payment is expected at the time of service. If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. **Even though insurance will be filed, you are responsible for any balance after insurance processes your claim.** All charges for treatment become due and payable sixty (60) days after the date of service. These periods allow sufficient time to process insurance and make payment in full of any remaining balance. There will be a \$25 charge for returned checks. If not paid within 60 days, UANT will begin various collection activities including, but not limited by submitting the past due account to a collection agency.

**2. SELF PAYMENT (PRIVATE, CASH PAYMENT):** If you have no insurance coverage we ask that you coordinate your care with our business office prior to your surgery. We require an advance payment for professional services.

**3. MANAGED CARE:** All managed care (HMO, PPO, etc.) co-payment amounts are due at the time of service. You will be charged \$10.00 Rebilling fee if you do not pay your Copay when services are rendered. If your insurance plan requires a referral authorization from a primary care physician please present this at your initial visit. If you request an office visit or surgery without a referral authorization your insurance plan may deem this as “out of network” or “non covered” treatment, and you will be responsible for a larger amount or all of the charges. By signing below, patient acknowledges that it is the patient responsibility to be aware of what services are covered and agrees to pay for any service deemed to be non covered or not authorized by the plan.

**4. MEDICARE:** UANT are participating providers with the Medicare program and accept as payment, the Medicare allowable, patient deductible and/or 20% co-insurance. If you have supplemental insurance (Medigap) to cover the portion of the charges that Medicare does not pay, please provide us with a copy of your insurance card and any forms your insurance company may require. Medicare or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. In this rare case you may be asked to sign a waiver form, which states that you understand that you will be responsible for these charges.

**5. AUTOMOBILE ACCIDENT PATIENTS:** We do treat automobile accident patients. However, we are unable to monitor long-term accounts and require payment as a self-paying patient. We will not accept a letter of protection from an attorney as a guarantee of payment or third party insurance payments.

**6. CHILDREN OF DIVORCED PARENTS:** Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks the treatment. Any court ordered responsibility judgment must be determined between the individuals involved, without the inclusion of UANT.

**7. CLINICAL RESEARCH:** UANT participates in clinical research studies, and UANT physicians are compensated (receive money) by the study sponsors to perform research trials. Patient authorizes UANT to access his/her medical information for the purpose of evaluating eligibility of patient for current or future clinical research studies. Patient agrees to be contacted by UANT regarding the possibility of being enrolled in a research study. Patient is under no obligation to enroll in any study. Study participation is voluntary and refusal to participate will in no way involve penalty or loss of benefits to which the patient is otherwise entitled. Refusal to participate in a research study will not affect your continuing care with a UANT physician. Participation in a research study will not interrupt your regular care with a UANT physician.

**8. SECONDARY INSURANCE:** The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider if applicable. Patient agrees to provide such information as outlined below. Patient agrees to notify provider in the future immediately of any additions, changes or deletions in primary or secondary insurance coverage. Initial/complete as applicable.

\_\_\_\_\_ I have no secondary insurance coverage.

\_\_\_\_\_ I have secondary insurance coverage as described on the attached Patient Demographic form.

**UANT firmly believes that a good patient/physician relationship is based upon understanding and open communications. It is our hope that the above policies will allow us to provide the highest quality care to our patients. If you have any questions or need clarification regarding these policies please call us at (817) 784-8268.**

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature (Insured / Guardian)

\_\_\_\_\_  
Date

**DISCLOSURE OF GROUP PRACTICE OWNERSHIP INTEREST IN  
HOSPITALS AND ANCILLARY SERVICES**

Your Physician at UANT has exercised his/her independent professional medical judgment, in determining if it is in your best interest to receive certain prescribed medical care at USMD Hospital at Arlington, USMD Hospital at Fort Worth, North Texas Hospital or Trinity Medical Center (the "**Hospitals**") and/or one of several Ancillary Services. "Ancillary Services" includes several medical services including radiation treatments, laboratory services, urodynamic studies, lithotripsy, dexta-scan, CT scanner, ultrasound and other imaging equipment. The purpose of this disclosure statement is to inform you that UANT, the medical group practice of which your Physician is a Partner or Employee, possesses an ownership interest in the Hospitals and Ancillary Services. No remuneration received directly or indirectly by Physician as a result UANT possessing an ownership interest in the Hospitals or Ancillary Services requires, nor is it contingent upon the admission, recommendation, referral, or any other form of arrangement for utilization by patients or others of any item or service offered by the Hospitals or Ancillary Services. Decisions regarding the admission, recommendation, referral, or any other form of arrangement for utilization by patients of your Physician of specific services or facilities are made with regard to the best interests of each individual patient.

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Patient Name (Please Print)

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Patient Date of Birth

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Signature (Insured / Guardian)

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Date