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Billing Policies

ASSIGNMENT OF BENEFITS: I hereby assign to you, Potomac Urology Center, PC, all medical benefits to what I am entitled, including Medicare or any other insurance plan. I hereby authorize said assignee, Potomac Urology Center, PC to release all information to secure payment, including appeals on my behalf to the Insurance Commissioner. I also authorize my insurance company to release any/all information to Potomac Urology Center, PC that may be necessary to secure payment. I also understand that I am financially responsible for all charges my insurance company states are patient responsibility, including any deductibles and co-payments and that payments are due at the time services are rendered. If Potomac Urology Center, PC does not participate with my insurance company, I understand that I am responsible for all charges not paid by my insurance. I also understand that if I am signing on behalf of my minor dependent, that I am responsible for all charges rendered patient responsibility.

I understand that in the event my account becomes past due (over 90 days) and all attempts to arrange payment have failed, my account will be turned over to a collection agency and/or attorney. I also understand that I will be responsible for all collection agency fees (33 1/3%) of total past due amount and all other costs expended to the collection said amount.

NO SHOW FEE: It is our policy to require appointment cancellations no later than 48 hours in advance in order to avoid a no show charge. Effective January 2, 2011, failure to notify Potomac Urology Center, PC within this time limit or failure to show up for scheduled appointment will result in a $50 Office Visit fee, $200 CMG Testing fee, $100 Cystoscopy fee, $500 Hospital Surgery fee, $100 Surgical Procedure's in Office fee, $250 Vasectomy fee to your account. This charge cannot be billed to any insurance company, **IT IS YOUR RESPONSIBILITY**. You will receive a bill for this and payment is expected prior to your next appointment.

HMO PATIENTS: Potomac Urology Center, PC is a specialty medical practice. **IT IS YOUR RESPONSIBILITY TO OBTAIN REQUIRED REFERRALS FROM YOUR PRIMARY CARE PHYSICIAN PRIOR TO EACH VISIT.** For return patients, if you are uncertain whether or not you have a valid referral on file, please call the office 48 hours prior to your visit to clarify the issue. Appointments will be rescheduled if required referrals are not presented prior to or on the scheduled appointment day.

PRIVACY NOTICE: My signature below confirms that I was given the opportunity to read, understand, and ask questions about Potomac Urology Center, PC's Notice of Privacy Practices exhibited in the waiting room (copy given upon request). I hereby authorize Potomac Urology Center, PC to release any information pertaining to my health care, test results, billing and/or accounting information to the following person(s) or agencies. **I understand that I have a right to inspect and receive a copy of the disclosed material at a cost of $10 administration fee, $0.50 per page for the first 50 pages and $0.25 per page after 50 pages. These charges are in accordance with the VA CODE A01-4V13. I also understand that Potomac Urology Center, PC charges $25 to complete any additional forms.**

I certify that I understand and agree with the above policies. I also certify that the information I have given is correct to the best of my knowledge.

_____	_____	____/____/____	____/____/____
Patient/Parent Signature	**Printed Name**	**DOB**	**Date**