

PLEASE READ AND SIGN BELOW

Private insurance billing will be performed as a courtesy to the patient. If you are a member of a HMO, PPO, or IPA insurance plan which requires authorization, you will be responsible for any unauthorized treatment or charges. Occasionally, these plans will authorize treatment, but then deny the charges for lack of coverage or other reasons. In these cases, you will be billed directly after the denial.

Regardless of insurance coverage, the *patient is ultimately responsible* for paying for the services that they receive. Claims denied for lack of authorization, lack of coverage/eligibility, or out-of-network benefits will be the *responsibility of the patient*. All co-pays are due at the time of services.

If the patient's insurance does not pay within 60 days, the entire amount is due and payable by the patient. Unless a payment plan has been arranged with the billing department, all unpaid balances over 120 days will be turned over to a collection agency. The patient will then be responsible for all collection costs, including court, attorney and interest fees.

Patient/responsible party:	Date:
*** MED	CARE PATIENTS ONLY
Medical Offices for any services fundamental holder of medical information about	nefits be made on my behalf to Advanced Urolog mished to me by their physicians. I authorize any t me to release to HCFA/CMS and its agents any ese benefits or the benefits payable for related
medical information necessary to pa	that payment be made and authorize release of my the claim. We will pre-notify you if we believe assurance and the deductible are based upon the
Signature:	Date: