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## PATIENT FINANCIAL AGREEMENT

The mission of Urology Nevada is to provide the highest quality urologic care, tailored to the needs of each patient and to achieve our mission in providing care, all patients, parents, and /or legal guardians are required to adhere to the financial principles outlined below.

### PAYMENT FOR OFFICE VISITS

**For patients covered by health insurance:** Payment of co-payments, co-insurance, and estimated deductible amounts is required at the time of service. If payment is not made, then your appointment will be rescheduled.

**For cash pay patients:** Payment of your estimated responsibility is required at the time of service. If payment is not made, then your appointment will be rescheduled. Additionally, an estimate is just that, an estimate and depending upon the services you receive, you may owe more than the estimated amount quoted to you.

### PAYMENT FOR PROCEDURES OR SURGERIES

**For patients covered by health insurance:** Payment of co-payments, co-insurance, and estimated deductible amounts related to the professional fees of a procedure or surgery must be paid 7 to 10 days prior to your appointment unless prior payment arrangements have been made with our billing department. If payment is not received 7 to 10 days prior to your appointment, then it may be rescheduled.

**For cash pay patients:** Payment of the estimated responsibility related to the professional fees of your procedure or surgery must be paid 7 to 10 days prior to your unless prior payment arrangements have been made with our billing department. If payment is not received 7 to 10 days prior to your appointment, then it may be rescheduled. Additionally, an estimate is just that, an estimate and depending upon the services you receive, you may owe more than the estimated amount quoted to you.

### MEDICAL INSURANCE

Our office requires a copy of your current insurance card to be on file. Additionally, you must provide changes in insurance coverage to our office prior to your appointment. Failure to provide correct insurance information to our office prior to your appointment or within your insurance plan's claim submission period will result in the patient being held financially responsible for the full billed amount for services provided.

You are responsible for verifying if our office is an in-network provider with your insurance. If our office is out-of-network with your insurance, you agree to pay for services based upon your out-of-network benefits, if applicable, or if you do not have out-of-network benefits, you agree to be a cash pay patient.

Additionally, you are responsible for knowing the coverage and benefits of your insurance plan, specifically co-payment, co-insurance, deductible, and maximum out of pocket amounts.

We encourage all patients to call their insurance carrier with any questions related to their insurance plan coverage.

### REFERRALS

If your insurance requires a Primary Care Provider (PCP) referral for you to see a specialist, it is your responsibility to obtain the referral to our office prior to your scheduled appointment. If a required referral is NOT ON FILE at the time of your visit, you will be given the choice to reschedule your appointment for a future date or you may be seen as a cash pay patient.

### RETURNED CHECKS

A \$60 service charge will be assessed on all returned checks due to insufficient funds. Furthermore, once a check has been returned by a financial institution our office will no longer accept check payments from you and all future payments must be paid by cash or card only.

