SOUTHEAST VALLEY UROLOGY
A Division of Ironwood Physicians, P.C.
3921 East Baseline Road, Suite 111, Gilbert, AZ 85234
Dr. John H. Croushore, D.O. Dr. Frank L. Simoncini, D.O.

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are dedicated to provide the best possible care for you and we want you to completely understand our financial policies.

1. Payments, to include co-pays, deductibles, co-insurance, are due at the time services are rendered unless other arrangements have been made in advance. We accept Visa, MasterCard, Discover, personal checks and cash. Please note that personal checks are run through a verification system which causes the funds to be withdrawn immediately from your checking account.

2. Insurance policies are a contract between the patient and the insurance company. You are expected to know your personal benefits and coverage. It is your responsibility to provide our office with current and valid insurance information. Any costs incurred by this office because of incorrect information being supplied to us will be your responsibility.

3. As a service to you, we file your insurance claims. If your insurance company does not pay the claim within a reasonable period, which is normally 30, 60 or 90 days depending on the contract, we will have to look to you for payment. If we should later receive a check from your insurance company, we will refund any overpayment back to you.

4. Contracts with many insurance companies and other health plans accept an assignment of benefits. We will bill the insurance company and you will be required to pay a co-payment, deductible or co-insurance amount at the time of your visit. If you are insured by a plan that we do not have prior arrangements with, we will prepare and send the claim for you in an unassigned basis. This means that the insurance will send the payment directly to you, the patient. Therefore, our charges for your care are due at the time the services are rendered.

5. Not all insurance plans cover all services. In the event that your insurance company determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of the statement from our office. We are not responsible for disputing insurance company's decisions' regarding coverage.

6. We will bill your insurance company for all services provided to you in the hospital by our physicians. You are responsible for any balances due.

7. **Please be aware that we do charge for certain appointments that are cancelled without the proper notice being given**. There is a $200 charge for Vasectomy appointments that are not cancelled within 24 hours of the appointment time. There is also a $200 charge for any surgery cancellations with less than 48 hours notice. These charges are the responsibility of the patient and cannot be billed to your insurance company. If the charges are not paid for, your account could be forwarded to collections.

8. We ask that you provide us with your social security number. We ask for this number for several different reasons. In the event that we need to schedule you for diagnostic testing or surgical procedures done outside of our office, your social security number is often asked for in order to schedule the procedure. This is also helpful to have on file when there is more than one patient with the same name. We take every step possible to ensure your personal and private information does not get misused. Your social security number is not given to anyone that absolutely does not require it.