

Lakes Area Urology, P.A.
1903 S. 6th St. Suite 3 Brainerd, MN 56401
(218)828-1418 fax (218)833-8037
www.lakesareaurology.com

Financial Policy

We welcome you as our patient and we will work with you to the best of our ability to help you understand your financial responsibilities for your urological care. Lakes Area Urology is a participating provider with most major health insurers. We will process all insurance claims for our patients. These days, every patient's insurance coverage is different and it is impossible for us to keep track of every insurance plan and how it works. We expect you to be responsible for checking with your insurance company for coverage, co-pays and /or deductible levels. If you are unsure about any of the above, call the customer service phone number on the backside of your insurance card. We expect you to bring your most current insurance card to every visit and notify us of any changes to your insurance, address or phone.

Payment: Lakes Area Urology accepts cash, check, credit or bankcards for your convenience. If a check is returned to us for non-payment a service fee will be charged. If you do not have insurance, you will be expected to pay for your services at time-of-service. (We will ask for proof of payment prior to being seen.) In cases of dual custody, both parents will be considered responsible for payment of services for their child.

Co-Pays/Coinsurance/Deductibles: All co-pays are due prior to being seen. Coinsurance and deductibles may be due at the time of service. Payments made at the time of service are subject to a 10% discount with some exceptions. Non-medical necessity procedures (i.e. vasectomy, circumcisions) are due and payable prior to the procedure being performed and no discount is granted for these procedures.

Referrals/pre-certifications/prior authorizations: If an insurance referral from your primary care physician is required, you are responsible for contacting your primary care clinic to have it in place prior to arriving at our office. If you choose to be seen without a referral in place, you will be responsible for paying your charges at time-of-service. Patients are also responsible for prior authorizations, pre-certifications, or to complete any other insurance requirements as necessary.

Statements: Statements are mailed monthly after your insurance has paid. We ask that you pay your balance within 20 days or contact the business office to schedule payment arrangements.

Disputes: If for any reason you dispute coverage or payments made by your insurance company, it is your responsibility to contact the insurance company and to resolve the matter based on your insurance company's arbitration or resolution policies. We will provide medical records (with the appropriate authorization on file) to assist in the dispute process. During this time you will be expected to pay in full the balance or schedule payment arrangements with the business office.

I UNDERSTAND AND AGREE THAT REGARDLESS OF MY INSURANCE, I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT FOR ANY SERVICES RENDERED. I ACKNOWLEDGE THAT I HAVE READ ALL OF THE ABOVE AND AUTHORIZE LAKES AREA UROLOGY TO TREAT ME AND/OR MY DEPENDENTS.

NAME

DATE