PREMIER MEDICAL GROUP, LLC

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FINANCIAL POLICY

Payment for Services

Payment for services, including co-payment and deductible amounts, are due at the time the services are rendered unless our staff has approved other payment arrangements in advance. Our failure to collect these amounts may be a violation of our contract with your insurance plan. In addition, your failure to pay the required co-amounts is a violation of your financial responsibility for coverage and we may report your refusal to pay these amounts to your employer and/or insurance company representative.

We accept cash, check, Master Card, Discover and Visa credit cards.

Returned checks, balances older than 60 days, and failure to pay account balances as promised, may be subject to external collection and additional collection fees including attorney and other court fees.

INSURANCE

If you have medical insurance, we are willing to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

You will be asked to update your demographic and insurance information periodically, including providing our office with copies of your insurance card(s). We are required to obtain your signature for permission to release information to your insurance carrier annually. Our failure to obtain these updates could result in criminal and civil penalties and/or expulsion from your insurance plan. Please assist us in complying with your insurance requirements.

We will gladly submit fees for our medical services to most insurance companies, however, we expect payment of all service within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. It is your responsibility to understand your

coverage and benefits, including pre-certification, in and out of network benefits, referral and authorization requirements. We will, however, try to assist you to insure all plan requirements are met.

CANCELLED APPOINTMENTS

Your cooperation in cancelling your scheduled appointment well in advance of the appointment allows us the opportunity to offer your appointment to another person who needs medical care.

GENERAL

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

It is important to understand that: we participate in many of the local insurance plans. Your insurance, however, is a contract between you, your employer and the insurance company. We are, often, not a party to that contract. We are very sensitive to keeping health care costs affordable to our patients. As a result, we take great care to insure that our fees are consistent with the charges in the geographic regions. Your insurance company may not use "reasonable and customary" information specific to this region and specialty of Urology. In fact, many carriers purchase nonspecific data and/or do not update their information on an annual basis. Most reputable insurance companies consider our fees usual, customary and reasonable.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as medical care providers, our relationship is with you and not your insurance company.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

My signature below constitutes acknowledgment and acceptance of this policy.

Signed:

_____

Patient or Guarantor

I acknowledge I have received a copy of this form.

Date_____