

Receipt of Notice of Privacy Practices Written Acknowledgement HIPPA Form

I, _____, have received a copy of North Idaho Urology, PLLC's Notice of Privacy Practices.

Signature _____ Date: _____

Financial Policy for North Idaho Urology, PLLC

North Idaho Urology is committed to providing high-quality, comprehensive health care and personal service to our patients. For every commitment, there is an obligation. It is the patients' responsibility to meet their financial obligations.

1. **All insurance plans are different and some may require a referral from your Primary care physician, or pre-authorizations. It is a patient's responsibility to be aware of these requirements and inform North Idaho Urology.** If you have any questions regarding your specific benefits, please refer to your Benefit Handbook from your insurance carrier. Not all services, even if medically necessary, may be a covered benefit under your plan. Some insurance companies select certain services that they may not cover and you may be responsible for these services.
2. **Your estimated co-pay must be paid at the time of service.** If an insurance company is paying the bill for the health services, their rules must be followed. Patients who do not pay their contracted co-pay and deductibles are in violation of their insurance contract, just as physicians or practices that do not charge the patient are in violation of their participation agreement.
3. **We bill all insurance carriers as a courtesy, however we are not "In Network" providers for all insurance companies that we bill.** This means we are not obligated to accept any write offs or adjustments according to their determination, and will bill the patient for the remaining balance after the insurance company has paid their portion. Patients usually pay more out of pocket for seeing a non-network provider. You can find out if we are "In Network" by calling the customer service phone number usually located on the back of your insurance card.
4. **Payment for any procedures or services considered elective will be collected prior to receiving the service.** Regardless if we bill your insurance company or if your insurance company covers the elective procedure, our policy is to collect payment prior to the date of service and we will refund you any overpayment if the insurance pays for the service. Such procedures are vasectomies and vasectomy reversals. Payment from CareCredit is not accepted for these procedures due to the fees charged to us by CareCredit.

If you are uninsured at the time of service, it is our policy that you pay \$50.00 at the time of service and we will bill you for the remaining balance.

Payment is accepted by cash, check, Visa or Mastercard and CareCredit. **CareCredit is only accepted on non-elective procedures.** CareCredit is a flexible, monthly payment plan that can be used to pay your medical bills. If you would like more information about CareCredit, please call our office at 667-0621 or go online to www.carecredit.com.

I have read and understand the above information. I understand I am responsible for any services rendered, regardless of my insurance coverage and will work with North Idaho Urology to meet my financial obligation.

Signature: _____ Date: _____