

North Central Urology P.A.

Dennis L. Ortiz, D.O.

ADULT AND PEDIATRIC UROLOGY

BOARD CERTIFIED

4218 Gateway Dr., Suite 100

Colleyville, TX 76034

(817) 283-1860 FAX (817) 283-2175

Our office is pleased to have the opportunity to serve you. Our primary mission is to provide you with quality, cost-effective medical care. Together, we (patients and your healthcare team) are trying to adapt to the changing ways that healthcare is financed and delivered. The following guidelines were developed to help you through the process.

Payment Guidelines:

- We collect co-payments, co-insurance, and/or deductibles at the time of service, unless other written arrangements have been made in advance with our office. Surgery deposits must be made prior to the day of surgery.
- We accept **Cash, Checks, Money Orders, and Credit Cards (Visa, Mastercard, American Express and Discover).**
- If your check is returned, a processing fee of \$35 will be assessed in addition to the amount of the check.
- A claim will be sent to your insurance company for payment. If your insurance company remits the payment to you, please send the payment to our office, along with the Explanation of Benefits.
- Any balance that your insurance company determines to be your financial responsibility will be billed to you. Payment is due in full upon receipt of your statement. Balances that remain unpaid after 90 days may be referred to an outside collection agency for further collection efforts. X_____ (initial)

No Show / Late Cancellations: To provide the best possible service and availability to all patients, our practice has implemented the following fees:

X_____ **Office Visit** – We require a 24-hour notice for all office visit cancellations. If the required notice is not given, a \$50.00 charge (Initial) will be assessed to the patient account.

X_____ **Procedure** – We require a 2 business day notice for all procedure cancellations. If the required notice is not given, a \$100.00 (Initial) charge will be assessed to the patient account.

The missed appointment payment may be required prior to, or upon the next scheduled procedure or office visit.

Ancillary Services: Your physician may refer you to one or more “ancillary services” in connection with your medical care. An ancillary service is a service supplementing or supporting your medical treatment. The following are considered, but not limited to, possible ancillary services:

- Ambulatory Surgery Center
- Pharmacy Services
- Infusion Therapy
- Radiation/Imaging
- Laboratory & Pathology Testing

Your physician may have an economic interest in, or business relationship, with the company or person who provides the ancillary service(s). You are not obligated to use the provider that your physician refers you to. You are free to use any provider you choose.

Research Programs: Your physician may ask if you would like to participate in a clinical trial or research program. These programs may be sponsored by a drug company or may be a practice-sponsored research program. Your physician may be compensated for services rendered in connection with these programs. You are not obligated to participate in any research program and your permission will be obtained prior to your participation in a program that your physician believes may be appropriate for you.

When to present your insurance card: Please present your insurance card at **EACH VISIT**. Specifically, bring to our attention any changes (new card, new subscriber or group number, etc.) since your last visit. This protects you from paying a bill due to providing incorrect information. There is a narrow window (0-45 days) to present an accurate claim to the correct insurance company. Failure to do so could mean the claim may be denied. If you have a secondary insurance it will be filed as a courtesy. However, if we have not received payment from your secondary insurance in a timely manner, the balance will become your responsibility.

Assignment of Benefits: North Central Urology may file a claim for services rendered by the physician, facility, pathologist and or anesthesia provider.

I hereby authorize North Central Urology to:

- Release any information necessary to the insurance company regarding my illness and treatments.
- Process claims generated for my examination/treatment.
- Allow a photocopy of my signature to be used to process insurance claims for a period of a lifetime.
- Keep this order in effect until it is revoked by me in writing.

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Disclosure of Ownership: Baylor Medical Center at Trophy Club and I are committed to providing clinical excellence in a safe, comfortable environment for you and your family members. I am a percentage owner of both facilities. This ownership enables me to have a voice in the administration and policies of both facilities. This involvement helps to ensure the highest quality of care for you.

Baylor Medical Center at Trophy Club meets the Federal definition of a physician-owned facility and a list of each facility's owners that are physicians (or their immediate family members) is available from either facility upon your request.

If you have any questions concerning this notice, please feel free to ask Dr. Dennis Ortiz, or the Chief Executive Officer at Baylor Medical Center at Trophy Club. We welcome you as a patient and value our relationship with you.

We value you as a patient and we are eager to serve you! Our priority is to provide you with the best possible care. If you would like to contact our office, you may do so at 817-283-1860.

I have read and understand the guidelines, financial obligations, and disclosure as stated above.

Patient or Responsible Party Signature

Printed Name

Date