

ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

Palmetto Greenville Urology's *Notice of Privacy Practices* has been provided for me to review.

I understand that the purpose of this notice is to inform me of my rights in regard to my Protected Health Information (PHI) and also the ways in which Palmetto Greenville Urology may use my Protected Health Information.

Disclosure of your PHI to family members, other relatives, and your close personal friends is allowed if the information is directly relevant to their involvement with your care or payment for that care. You must notify us if you want to limit access to your Protected Health Information.

Patient (or patient's legal representative) Signature

Date

ASSIGNMENT OF INSURANCE AND RELEASE & ASSIGNMENT

Our practice accepts insurance from all major insurance companies. As a courtesy, our practice will review your insurance coverage, estimate your insurance company payment and file your claim with your insurance carrier. Our practice will require you to assign all insurance company payments directly to our office to avoid any misunderstanding regarding payment for professional services. **If you request your insurance company to pay you directly, we will require full payment when services are rendered.** You will be responsible for any portion of your bill which is denied or not paid by your insurance carrier. Your insurance coverage is a contract between you and your insurance carrier; however, we will assist you to maximize your insurance benefits.

By law your insurance carrier must remit payment or deny your insurance claim within 30 days of initial notice of claim according to state law. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier. We feel it is necessary to work together to resolve any insurance problem. All patients will be required to establish a written financial arrangement for payment when services are rendered. All patients will be notified when their insurance carrier remits payment to our practice thru a monthly statement. Our staff will apply this payment to your account.

- Prompt payment allows us to control costs. Outstanding accounts cost both of us time and money; therefore all patients will be required to establish financial arrangements for payment of their account.
- By law all patient accounts are due and payable within 30 days of services rendered. As a courtesy, our practice will establish a reasonable monthly/weekly payment plan to accommodate your needs.
- Your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your insurance. If a problem occurs, you will be required to establish written financial arrangements until your insurance problem is resolved.
- Each month you will receive a monthly statement for services which are due and expected to be paid within 30 days. If your payment is late, or if you have not previously made financial arrangements, then we will mail (1) reminder notice. Our practice will be happy to work with you if you are experiencing problems which are out of your control.
- All patients refusing to remit payment after 61 days of notice, without pending insurance or financial arrangement, will force us to limit their future credit until the previous balance is paid in full or written financial arrangements are made. These accounts may also be turned over to a collection agency. Further refusal to remit payment can result in being discharged from the practice.

Patient (or patient's legal representative) Signature

Date