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Our Financial Policy

Thank you for choosing Urogynecology of Southern Alabama, P.C. as your healthcare provider. Please take a moment to read our financial policy.

We participate with many health plans. There are some health plans in which we are non-participating. Please be aware that most health plans do include out-of-network benefits that will cover a significant portion of the services rendered. If we are not participating with your plan someone from our billing department will be glad to speak with you and go over your financial responsibility.

**❖ WE ACCEPT CASH, CHECKS, OR CREDIT CARDS
(MASTERCARD and VISA)**

**❖ PAYMENT OF DEDUCTIBLES, CO-INSURANCE, AND CO-PAYS
ARE DUE AT THE TIME OF SERVICE.**

Insurance Policy

Your insurance policy is a contract between you and your insurance company. Professional care is provided to you, our patient, and not to an insurance company. Thus, the insurance company is responsible to the patient and the patient is responsible to the doctor. You are ultimately responsible for payment to our doctors for provided services.

We will gladly process your claim, but we request your estimated portion be paid in full at the time of service. If your insurance company has not paid your account in full within 60 days, you will have 30 days to arrange payment of the balance due.

If you are a member of a managed care plan in which we are a participating provider, please understand we require payment of co-pays, and deductibles prior to treatment.

Referrals

Many health plans we participate with require you to obtain a referral from your primary care physician. It is **YOUR RESPONSIBILITY** to contact your primary care physician and request a referral. We will check to see if we have received your referral within a week before your appointment. If we still have not received it we will call and give you a reminder to contact your primary care physician again. If we have not received the proper referral at the time of your appointment you will be asked to reschedule. If your health plan requires us to have a referral **WE CANNOT PROVIDE SERVICES TO YOU WITHOUT IT.**

Medicare Patients

We do accept assignment of benefits, however we are legally required to collect your deductible and 20% coinsurance at the time of service in full unless you have a supplemental insurance.

Medicare / Insurance Authorization and Assignment

I request that payment of authorized Medicare / Insurance benefits be made on my behalf to the provider of service(s) for any services furnished to me. I authorize any holder of medical information about me to release to the Urogynecology of Southern Alabama and it's agents any information needed to determine these benefits or the benefits payable to related services. I hereby authorize payments directly to the provider of the service(s) for the medical benefits if any, otherwise payable to me under the terms of my private, group employer's coverage of Medigap insurance. I hereby authorize the provider of service(s) to release any medical information necessary to process my claim. I hereby authorize the photocopies of the form to be valid as the original.

Patient Signature: _____ **Date:** _____

**PLEASE SIGN ABOVE ACKNOWLEDGING THAT YOU FULLY
UNDERSTAND OUR FINANCIAL POLICY.**

**We look forward to providing you with excellent care. If you have any
questions about our financial policy please contact our billing department at
251-338-1234**