New Patient Financial Release

Our Commitment

Thank you for choosing University Surgical Associates for your care. We are committed to providing high-quality surgical services and clear communication regarding your financial responsibilities.

This policy is intended to help you understand your role in managing the cost of your care.

Insurance & Coverage

- Please provide accurate and up-to-date insurance information at each visit.
- While we verify benefits as a courtesy, this **does not guarantee payment** by your insurance company.
- You are responsible for understanding your plan, including:
    - Deductibles
    - Copayments
    - Coinsurance
    - Non-covered services

Your Financial Responsibility

- You are responsible for all charges not covered by your insurance.
- Any balance denied or unpaid by your insurance becomes your responsibility.

Payments at Time of Service

- Copays and known balances are **due at check-in**.
- Self-pay visits must be paid at the time of service.

Self-Pay Patients

- New self-pay patients: **$250 per visit**
- Established self-pay patients: **$140 per visit**
- Procedures for self-pay patients are provided at a **15% discount off total charges**
- Please note: **Our practice does not recognize a global period for self-pay patients**, and follow-up care related to procedures will be billed separately.

Surgical Procedures & Deposits

- Prior to scheduling surgery:
    - You will receive a cost estimate based on available information
    - A **required down payment must be made before the surgery is scheduled**
- Our team is available to review your estimate and answer any questions.

Outstanding Balances

- Patients with an **unresolved past-due balance** must address the balance before:
    - Scheduling additional appointments
    - Scheduling elective procedures
- Elective services will **not be scheduled** until prior balances are resolved.

Billing & Statements

- We submit claims to your insurance as a courtesy.
- After your insurance processes the claim, any remaining balance is due within **30 days**.

Payment Methods & Processing Fees

University Surgical Associates accepts cash, checks, and credit/debit cards.

Please initial: _____ I understand that payments made using a **non-HSA or non-FSA card may be subject to a card processing fee**, and I agree to this charge.

Collections & Delinquent Accounts

Accounts not paid in a timely manner may be placed with a collection agency.

Please initial: _____ I understand that if my account is sent to collections, I am responsible for **any additional fees incurred through the collections process**.

Missed Appointment / No-Show Policy

A **two (2) business day** notice to cancel or reschedule appointments is required to avoid a no-show fee.

No-show or late cancellation fees are as follows:

- Office visit: **$50**
- Ultrasound appointment: **$100**
- Procedures: **$250**

These fees may be charged when adequate notice is not provided.

Returned Payments

- A **$30 fee will be applied** for any returned check or failed payment.

Important Note

At this time, the practice does **not offer financial assistance or hardship programs**. Patients are expected to meet the financial responsibilities associated with their care.

Questions

If you have questions about this policy or your bill, our staff is happy to assist you.

Acknowledgment

I acknowledge that I have read and understand the Patient Financial Policy and agree to the terms outlined above.

Patient Name: _____
Signature: _____
Date: _____