Lubbock Urology Clinic, L.L.P.

Financial Responsibility

This form, when signed by me, confirms my understanding that all charges incurred by reasons of the treatment. Provided by Lubbock Urology Clinic, LLP, are my responsibility and shall be paid at the time the service is rendered. The only exception is if the doctor is a participating provider in your HMO/PPO. In this case, we will accept the Insurance payment in full ONLY after all deductibles have been met and all co-pays have been paid. I further understand that if my insurance carrier requires a referral from my primary care physician, it must be presented prior to being seen by the doctor. Failure to provide all the necessary information, including a copy of my insurance card, may require me to reschedule my appointment.

Signature: _____ Date: _____

NSF/Insufficient Funds/Returned Checks Policy

I acknowledge and understand that I will be responsible for any items returned as "Non-Sufficient Funds" as well as for an additional charge of $30.00 for each item returned. This is an administrative fee, not a charge that will be billed or paid by your insurance carrier. Once we accept a check and it is returned as "Non-Sufficent Funds", we will no longer be able to accept checks as a form of payment. All future payments must be made by cash or credit card. We accept VISA/Mastercard, American Express, Discover and Care Credit.

Signature: _____ Date: _____

Missed Appointments

A scheduled appointment means that this time is reserved only for you. We request that if you cannot make your appointment that you give us 24 hours advanced notice. As a courtesy, we will remind you of your appointment the day before it is scheduled. If an appointment is missed without giving the office 24 hour advance notice, a $50.00 charge will be billed to your account for missed office visits and a $250.00 charge will be billed for missed procedures. This is an administration fee, not a charge that will be billed or paid by your insurance carrier. Future appointments will not be made until this balance is settled.
I have read and understand Lubbock Urology Clinic, LLP's Missed Appointment Policy.

Signature: _____ Date: _____

Privacy Practices Acknowledgement

My signature confirms the fact that I have been provided an opportunity to review the enclosed Notice of Privacy Practices.

Print Name: _____

Signature: _____ Date: _____

Witness: _____Date: _____

6102 82nd Street #5, Lubbock, Texas 79424 418 N. Utica Ave, Lubbock, Texas 79416

Tel: 806771.0077 *Fax 806.771.3175 Tel: 806.771.5582 *Fax 806.687.9002

www.lubbockurology.com www.lubbockurology.com