



Gateway Medical Plaza II • 1747 Medical Center Parkway, Suite 210 • Murfreesboro, TN 37129
Phone 615-893-1600 • Fax 615-225-6887 • www.midtnus.com

PATIENT FINANCIAL POLICY

Our policy requires payment at the time of service for copayments, coinsurance, and deductibles.

If you are a member of an HMO or PPO and have chosen our office as a provider of your care,

It is your responsibility to:

- Provide our office with accurate insurance information relative to your claim, including insurance card, employer, birth date, address, and social security number. This information is requested on the Patient Registration form, which we ask that you complete during either your initial or subsequent visit.
- Pay your deductible or copayment at the time of service.
- Pay for any service not covered by your insurance carrier.
- To fully understand your insurance benefits.

It is our responsibility to:

- Submit your claim to your carrier.
- Provide your insurance carrier with information necessary to determine the medical and/or surgical care you received.

We accept cash, Mastercard and Visa, and personal checks. (\$25.00 overdraft charge added to returned checks)

When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, you may be responsible for all costs of collection.

A \$25.00 fee may be charged for patients who do not keep their appointments or for cancellations within 24 hours of the scheduled appointment.

Any questions regarding your account should be addressed to our Billing Department.

Thank you for allow Middle Tennessee Urology Specialists the opportunity to provide your healthcare needs.

I have read and understand my financial responsibilities.

Patient/Responsible Party Signature

Date

Patient Name (Please Print)