

We are excited to be your healthcare provider and thank you for putting your trust in Southern Urogynecology. We are committed to the success of your medical treatment and care. Prompt payment of charges incurred helps us keep our fees down, so we hope that you will take a moment to familiarize yourself with our financial policies.

**Insurance**

We participate with many insurance plans, and will bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

If you need assistance or have questions, please contact **The Billing Specialist between 8:30 a.m. and 4:30 p.m., Monday through Thursday at 803-457-7004.**

**Participating Plans**

*Aetna  
BlueCross BlueShield Federal  
BlueCross BlueShield State  
Cigna  
Medicaid (ATC, Unison, Select Health,  
Bluechoice)*

*BlueChoice  
BlueCross BlueShield  
Carolina Care Plan/Supermed/Med Mutual  
Planned Admionistrators  
United Healthcare  
Wellpath/Coventry/First Health Network*

*BlueCross BlueShield  
Medicare  
TRICARE  
Humana  
Multiplan/Assurant/PHCS*

**Managed Care (Referrals and Authorizations)**

While Southern Urogynecology does not require a referral from your primary care physician for you to be seen or treated as a patient, your insurance plan may. If you are enrolled in a managed care insurance plan (HMO), your plan may require a referral to our practice from your primary care provider. Obtaining this referral is your responsibility. Failure to obtain this referral may mean your insurance company will not pay benefits for the visit. Please remember to check with your carrier to determine their requirements. Failure to do so could result in cancellation and rescheduling of your appointment. As always, referrals are not a guarantee of payment. Retroactive referrals are not guaranteed by the carrier.

**Co-Pays, Deductibles, Co-Insurance and Pre-determination of Benefits.**

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. Please remember patient responsibility amounts are determined by your individual insurance plan, not Southern Urogynecology. For your convenience we accept cash, personal checks (in-state only), VISA, MC and American Express. There is a \$30.00 service charge for returned checks.

**Past Due Balances**

Balances that are not paid within 30 days from the date of service are considered past due. If your insurance company has not responded to a filed claim, or request for payment within 30 days, we may ask for your assistance in obtaining payment from the carrier and/or to make a payment on the balance. Balances that are not paid within 90 days of the date of service may be forwarded to a collection agency. Collection agency and any associated legal fees may be added to the account. Patients with past due balances will be required to make payment arrangements before additional services can be scheduled. We realize that financial difficulty is a reality and offer several payment options including a payment plan for extenuating circumstances.

**No Show and Late Cancellation Fees**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-cancelled appointments. The fee for missed or late-cancelled appointments (less than 24 hours) is \$20.00. Excessive abuse of scheduled appointments may result in discharge from the practice. Appointments must be confirmed one week in advance of your scheduled appointment. Failure to confirm may result in your time slot being offered to someone else. Because cancelled appointment slots for certain office procedures (i.e.Cystoscopies, Urodynamics and PNE's, etc) are difficult to fill without adequate notice, and require the ordering of supplies and often involve the presence of a device representative, a \$100.00 fee will be charged for missed or late cancelled procedure appointments (less than 24 hours).

I acknowledge that I have read and have had the opportunity to ask any questions regarding Southern Urogynecology's Financial Policy. I agree to assign insurance benefits to the **Southern Urogynecology** whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for an administrative collections fee and/or any additional fees charged by the collection agency or court fees and costs associated with collection of this debt.

Signature of patient or  
Authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_