

Napa Valley Urology Associates
3250 Beard Rd., Napa, CA 94558
Financial Policy and Advanced Beneficiary Notice 6/7/2011

Napa Valley Urology Associates is a contracted provider with the following insurance companies: CMSP, Anthem PPO, Blue Shield PPO and HMO, Cigna, Coventry Health Care National Network, First Health, Partnership, Partnership Advantage, Healthnet HMO, PPO, EPO and POS, Healthy Kids and Healthy Families (through Health Net), Medicare, Tricare, Tricare for Life, CDHP, United Health Care, Affinity (for Alameda area only), and Pacificare. Verification of coverage is performed at the time of visit. If your insurance indicates that you have a co-pay, it will be required at the visit. **If you have an unmet deductible and are having an elective procedure, you will be required to pay your deductible to our office (equivalent to the cost of surgery) prior to scheduling.** You are responsible for obtaining any referrals that may be required for processing of your claim. For non-covered items, payment is expected at the time of service. For scheduled surgeries of non-covered items, we expect ½ of the charge at the time of scheduling surgery and the remainder 2 days prior to the procedure.

If you have insurance coverage with a policy other than one of the above listed plans, we ask that you pay at the time of service. As a courtesy, we will provide you with a claim form to submit to your insurance company. Prior to scheduling any elective procedures, payment in full will be required.

If you do not have insurance, we will be happy to see you as a patient. Payment in full is required at the time of service. If you should need to have surgery, ½ of the charge is due at the time of scheduling and the remaining ½ is due 2 days prior to the scheduled surgery.

As a healthcare provider, we believe in offering essential items to patients that we sometimes are not able to bill for with your insurance company.. This notice is to advise you that items such as catheters, drainage bags, leg straps, etc. will not be billed to your insurance company. Payment for these items is expected at the time of service.

All accounts are due and payable within 30 days of statement receipt. If you have unmet deductibles, please plan accordingly. We accept credit cards, cash and checks as payment.

Missed appointment fee – for appointments not cancelled with 24 hours notice, or for not showing up for an appointment, a \$25.00 charge will be applied to your account.

Form completion – We are happy to complete any forms needed by you for disability, supplemental insurance, or other plans. We charge a nominal fee of \$15.00 per form.

Patients with Medi-cal, Partnership, CMSP, and Partnership Advantage

Insurance will be verified the date of the visit, if you are not eligible (even if you provide proof of medi-cal application) you will be accepted as a cash-pay patient.

If you are seen on a cash basis and obtain retroactive eligibility for medi-cal, no retroactive refunds will be given.

I understand and agree to the above financial policy:

Date: _____

Patient Name (PLEASE PRINT): _____

Signature: _____

James G. Hendricks, M.D.
Diplomate
American Board of Urology

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