

# Urology Associated of Silicon Valley

**Robert P. Panvini, M.D.**  
**J. Kersten Kraft, M.D.**

**David Nudell, M.D.**  
**S. Shawn Gholami, M.D.**

## Financial Policy

Welcome to our office. Thank you for choosing our practice for your urology consult. The following is a statement of our Financial Policy which must be read and signed prior to any treatment. We hope this helps to answer any questions you may have regarding our billing policies.

### Insurance:

Our office contracts with most insurance companies. Your Insurance company provides you with proof of insurance that must be presented prior to all services. We bill all primary insurance plans for our patients. *Payment for co-payments, deductibles, and payment for any non-covered service is required at the time of your visit.* If you have no insurance, your account will be treated as a cash account and we will collect payment in full at the time of service. For your convenience we accept check, cash, Visa, and MasterCard.

Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your plan. If your plan requires a referral for specialty services, it is especially important to notify us if there are restrictions on referrals to outside facilities for services. It is your responsibility to arrange for all appropriate referrals and authorizations required for insurance payment. You will be liable for all charges billed for outside providers if they are not contracted with your plan and you have not received the proper pre-authorization. It is your responsibility to know if your referral has expired and to obtain a new referral if needed.

### Patient Information:

You will be asked to fill out a patient information form at your initial visit and each year thereafter. In order to keep our file up to date, please inform us of any changes to your information such as a new insurance coverage, address, telephone number, medical history, or medications.

### Missed Appointments:

Please cancel your appointment at least 24 hours in advance. If you fail to cancel before this time, you will be charged a missed appointment fee. Please help us to serve you better by keeping your scheduled appointments.

### After Hours Services:

All non-emergency services rendered after regular business hours are subject to an additional fee. Our regular business hours are Monday through Friday, 9:00 AM – 5:00 PM excluding holidays.

I have read, understood, and agreed to the Financial Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Patient Name: \_\_\_\_\_