

**Barnes Urology**  
**William F. Barnes, MD PC**  
4200 S. Douglas Ave. Suite 200 OKC, OK 73109  
Phone: (405)644-5175 Fax: (405)644-5176

**FINANCIAL POLICY**

**Co-pays, Deductibles and Non-covered Services:** It is the policy of Barnes Urology that all fees, including co-pays, deductibles and non-covered services are due and payable on the date of service unless other payment arrangements have been made.

**Insurance:** Insurance coverage is considered by Barnes Urology as an agreement between the patient, the insurance company and the employer, where applicable. Barnes Urology is not party to that agreement and as a result, is not bound by any of the covenants, limitations or restrictions of that policy.

As a service to our patients, we will file insurance claims for hospital and clinic-related charges. Itemized bills will be provided for the office service upon request. The filing of insurance does not release the patient from responsibility for charges for services which have been provided.

Charges for services not covered by insurance are due when the patient's statement is received unless specific arrangements have been made for an extension of time. You are responsible for payment of services not paid in whole or in part by your insurance company.

**No Show Fee Policy:** Patients are responsible for calling Barnes Urology 24 hours or more in advance if they wish to change or cancel an appointment and avoid a missed appointment (No Show) fee. A \$25.00 fee will be charged to patients who have more than one No Show appointment. Patients, not insurance companies, are responsible for this fee. If an individual fails to show for an appointment without providing 24 hour notice he/she must pay \$25.00 before being allowed to reschedule.

**Payment arrangements:** Barnes Urology is prepared to counsel any patient experiencing difficulty meeting payments or obligations. If you are unable to make a payment when due, please contact our office as soon as you receive your statement. Special arrangements can be made in which the patient agrees to pay at regular intervals in amount based on his or her financial resources.

**Past Due Bills:** Each account past 120 days for which no special arrangements have been made will be subject to placement with collection agencies following due notice.

**Release of Information:** We will release information accordance with our HIPAA policy to allow processing of insurance claims, in order to comply with applicable law and regulation, to facilitate utilization review and quality assurance and in accord with third-party accreditation/certification activities.

**Assignment of Benefits:** I authorize my insurance and/or Medicare benefits to be paid directly to Barnes Urology. Financial information will be released as required for the processing of those claims.

**Photocopies:** I agree that a photocopy of this document is considered as valid as the original

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_