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FRANKLIN UROLOGICAL ASSOCIATES, P.C. FINANCIAL POLICY

We are honored that you have chosen Franklin Urological Associates, P.C. for your care. In order to keep you up to date with the challenges of insurance, we are now providing the following information in regards to our payment and collection policy in writing. We will continue to update personal information in a timely manner so we always have the most current insurance information along with correct address and telephone numbers.

We are participating providers for most major insurance carriers. You are responsible for verifying our participation with your particular plan. If we are not a participating provider, you may have reduced insurance benefits, it is your responsibility to know the reduced percentage which will be paid by your insurance company and understand you will be responsible for the difference. As a courtesy we will file primary and secondary insurances for you on plans for which we do not participate. After we receive payment information from your insurance plan, our staff will notify you and you will be responsible for any unpaid balance within 30 days. If there is a problem with your bill or you need assistance in working out a payment plan, you must call our business office within that 30 day period. If the bill remains unpaid after 90 days, you may be turned over to a collection agency. Any costs from the collection agency will be added to your bill including court cost. A fee of \$30 will be added for any returned checks.

We do participate with the Medicare program. We do not participate with TennCare, however if you qualify for TennCare under the QMB guidelines TennCare will cover the 20% not paid by Medicare. We will file any secondary coverage you have for Medicare; however you must provide us with this information at the time of service.

Some visits to us may not be covered by your insurance company (i.e. infertility, pre-existing conditions; erectile dysfunction). It is your responsibility to check with your insurance company if you are not sure if a visit will be covered. You will be responsible for your bill at the time of service if your insurance plan *does not cover this service*.

Some surgical procedures performed by us are billed as a global fee which allows you visits during a certain time frame (such as 90 days). If you have an emergency during this time frame unrelated to the surgery you will be billed separately for this visit.

Always check with your insurance provider. If you need a referral for you visit, you are responsible for obtaining it prior to your appointment. If a referral is required and you do not have one, you will be rescheduled. We do ask for 24-hour notice to cancel appointments; however we do understand emergencies arise and sometimes this is not possible. At this time we do not charge for broken appointments. We do allow you a 20 minute grace period from your appointment time, however if you are over 20 minutes later than your appointment time, you will be rescheduled.

All co-payments, deductibles, and uncovered services by your insurance plan will be collected at the time of your visit. If you are not covered by health insurance, we will collect payment in full at the time of your visit. We accept check, cash, Visa, MasterCard, American Express, and Discover.