

**Foothills Urology, PC**

**400 Indiana St. #300**

**Golden, CO 80401**

**Insurance and Financial Policies:**

If you have medical insurance that covers our services, we are happy to assist you in submitting your insurance claims. If you do not, payment is expected at the time of service. Co-pay, co-insurance or deductibles are your responsibility and are due at the time of service.

You are responsible for checking with your insurance plan regarding any co-payment, deductible or co-insurance that might be owed at the time of service. In many cases we will be able to verify your coverage before your visit. If we are not able to verify insurance coverage, **payment in full is expected at your visit.** If your insurance company remits payment, you will be reimbursed.

We accept cash, checks, debit, VISA, Mastercard and American Express. **If you are having lab or diagnostic testing done, you will receive separate bills, one from the facility and one for the physician services.**

**Please bring your health insurance card or policy information, as well as your photo ID, with you at the time of service.**

I have read the above information and agree, regardless of my insurance, to be responsible for the balance of my account. I agree to pay for all services rendered not covered by my insurance and to notify this office should there be any change to my insurance coverage.

**Patient or Authorized Person's Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of the Provider's Notice of Privacy Practices with the effective date of \_\_\_\_\_.

**Patient or Patient Representative Signature** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Patient refused to sign    \_\_\_\_\_ Patient unable to sign because \_\_\_\_\_