

# Asheville Urological Associates, Inc.

1 Doctors Park · Asheville, NC · 28801  
Telephone (828) 253-5314  
Fax (828) 254-5216

*Diplomats of the American Board of Urology*  
Bruce G. Armstrong, M.D.  
Mark A. Yarborough, M.D., F.A.C.S.  
Dane A. Weil, M.D., F.A.C.S.  
Michael C. Staley, M.D., F.A.C.S.  
Rick L. Bare, M.D., F.A.C.S.

## FINANCIAL POLICY

- PAYMENT** – ALL CHARGES ARE DUE AND PAYABLE IN FULL AT THE TIME OF SERVICE. IF AN EMERGENCY ARISES OR IF YOU ARE UNABLE TO PAY IN FULL AT THE TIME YOU ARE SEEN, WE MAY BE ABLE TO WORK OUT A PAYMENT SCHEDULE. PLEASE LET US KNOW IN ADVANCE IF YOU HAVE A PROBLEM THAT WE CAN HELP YOU WITH.
- INSURANCE CLAIMS** – WE WILL FILE INSURANCE FOR YOU UNDER MOST CIRCUMSTANCES AS LONG AS YOU PROVIDE US WITH CURRENT INFORMATION ON YOUR INSURANCE PLAN, WHILE OUR STAFF IS FAMILIAR WITH THE REGULATIONS AND RESTRICTIONS OF MANY INSURANCE COMPANIES YOU ARE ULTIMATELY RESPONSIBLE FOR UNDERSTANDING THE DETAILS OF ANY PARTICULAR COVERAGE YOU MIGHT HAVE AS WELL AS THE PAYMENT OF ALL CHARGES YOU INCUR.
- UNPAID INSURANCE CLAIMS** – IF YOUR INSURANCE COMPANY HAS NOT RESPONDED TO US WITHIN 60 DAYS OF A FILED INSURANCE CLAIM, THE CHARGES WILL BE SENT TO YOU DIRECTLY AND YOU WILL BE RESPONSIBLE FOR THEIR PAYMENT AS WELL AS FOR PAYMENT OF ANY OTHER CHARGES INCURRED CONSISTENT WITH THIS FINANCIAL POLICY.
- MINOR CHILDREN OF DIVORCED PARENTS** – CHARGES FOR SERVICES RENDERED TO MINOR CHILDREN WHOSE PARENTS ARE DIVORCED ARE THE RESPONSIBILITY OF THE PARENT WHO SEEKS TREATMENT FOR THE CHILD AND ARE DUE AT THE TIME OF SERVICE IRRESPECTIVE OF ANY COURT ORDERED RESPONSIBILITY FOR MEDICAL COSTS. HOWEVER, THIS SHALL NOT MODIFY THE DUTY OF BOTH PARENTS TO PROVIDE FOR THE WELFARE OF THEIR MINOR CHILDREN AND WE EXPRESSLY RESERVE THE RIGHT TO HOLD EITHER OR BOTH PARENTS RESPONSIBLE FOR ANY AND ALL REASONABLE AND NECESSARY MEDICAL EXPENSES.
- RETURNED CHECKS** – YOU WILL BE CHARGED \$25.00 FOR ANY RETURNED CHECKS AND SUCH CHECKS WILL NOT BE REDEPOSITED.
- RESTRICTED SERVICE** – WHILE WE ALWAYS SEE PATIENTS FOR EMERGENCY CARE, ROUTINE CARE WILL ONLY BE GIVEN TO THE PATIENTS WHOSE ACCOUNTS ARE CURRENT OR WHO HAVE MADE FINANCIAL ARRANGEMENTS WITH US AND ARE MAINTAINING THE CONDITIONS THEREOF.
- MISSED APPOINTMENTS** - IF YOU FAIL TO KEEP A SCHEDULED APPOINTMENT WITH THE PROVIDER AND DO NOT GIVE THE OFFICE AT LEAST TWENTY-FOUR (24) HOURS' ADVANCED NOTICE OF CANCELLATION, YOU WILL BE CHARGED A MISSED APPOINTMENT FEE. THE CHARGE WILL BE THE GREATER \$30.00 OR 50% OF THE ANTICIPATED CHARGES FOR YOUR BOOKED TIME SLOT. THESE CHARGES ARE MADE BECAUSE WE MUST PAY OUR STAFF TO CARE FOR YOU WHETHER OR NOT YOU KEEP YOUR APPOINTMENTS. ABSENT TIMELY NOTICE, WE CANNOT SCHEDULE OTHER PATIENTS INTO YOUR TIME SLOT. CANCELLATIONS CAN BE MADE 24 HOURS A DAY BY CALLING 828-253-5314.
- CHARGE FOR MEDICAL RECORD COPIES** – YOU WILL BE CHARGED A MINIMUM \$10.00 FEE PAYABLE IN ADVANCE WHEN MEDICAL RECORDS ARE REQUESTED TO BE SENT TO A NEW DOCTOR. FEES MAY BE HIGHER DEPENDING ON THE SIZE OF THE MEDICAL RECORD.
- COLLECTION COSTS, COURT COSTS, AND ATTORNEY FEES** – SHOULD YOUR ACCOUNT BECOME DELINQUENT AND BE REFERRED TO A THIRD PARTY FOR COLLECTION, YOU WILL BE RESPONSIBLE FOR PAYMENT AND ALL COLLECTION COSTS, COURT COSTS, AND REASONABLE ATTORNEYS' FEES AS DEFINED BY N.C. Gen. Stat. § 6-21.2.

## ACKNOWLEDGED, AGREED AND ACCEPTED

\_\_\_\_\_  
PATIENT SIGNATURE OR AUTHORIZED PERSON

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
RELATIONSHIP TO PATIENT