Valley Urologic Associates

Financial and No-Show Policy

Thank you for choosing Valley Urologic Associates as your healthcare provider. On your initial visit, the doctor's **consultation fee ranges from $177.00 to $443.00**. This fee does not include any laboratory, procedure, medication, medical supply or x-ray fees. At the initial visit, the patient is responsible for co-payment/coinsurance amount plus any deductible. If our office cannot verify insurance benefits, payment in full is due when you check-in for your appointment.

If your insurance carrier sends payment directly to you, payment in full is due at each visit. Should an overpayment occur on the deductible or percentage amounts charged, a refund will be given.

If you are waiting for coverage to become effective or have no insurance, payment in full will be expected the day you are seen. For your convenience, we accept VISA, MasterCard, American Express, Discover Card, Cash or Check.

Delinquent accounts will be subject to the following action. Accounts past due 90 days or more will be subject to collections. All fees, including, but not limited to collection fees, attorney fees, and court fees incurred shall become your responsibility, in addition to the balance due to this office.

We require that an adult (parent or legal guardian) accompany a minor patient. The adult accompanying the minor patient is required to pay in accordance with our policies. We do not accept third party assignments nor do we recognize or enforce the terms of divorce decrees.

There is a $25.00 service fee on all returned checks. NSF checks must be redeemed with certified funds – cashier's check, money order, certified check or cash.

Cancellations of Appointments/No Show

When you do not show up for a scheduled appointment, it creates an unused appointment slot that could have been used for another patient. It is very important that you call within 24 hours in advance to cancel your appointment.

- If for any reason you need to cancel an appointment, please notify our office as soon as possible.
- On your second no-show occurrence, there may be a $50.00 charge to your account.
- After three consecutive no-show occurrences, the practice may elect to terminate our relationship with you.

I have read and understand the Financial and No-Show Policy and agree to abide by the terms of the policy.

Signed: _____ Date: _____