

## ALEXANDRIA UROLOGICAL ASSOCIATES

**I acknowledge that the information provided is true and accurate and Alexandria Urological Associates has my permission to submit health claims to the insurance company for claims processing and assignment of benefits. I acknowledge the financial policy as outlined here.**

I understand that my health insurance carrier may not pay for certain charges generated for services delivered by Alexandria Urological Associates. This denial of payment may occur even when my provider believes certain services are medically necessary based on the prevailing standard of good medical care. These non-covered services may include, but are not limited to, the evaluation of diagnostic testing for and management of: erectile dysfunction, infertility, screening for cancer, and screening for sexually transmitted disease. I acknowledge that it will be my responsibility to pay for charges and costs incurred in total.

I also understand that I will be responsible for administrative fees charged: \$100.00 for in-office surgical procedures, \$150.00 for vasectomy and all hospital surgical procedures, \$25.00 for all other office appointments cancelled within 24 hours, or failure to keep any scheduled appointment. The fee for cancelled checks or insufficient funds will be \$25.00. Patients will be responsible for copying and clerical fee of \$5.00, plus copies fees of 50 cents per page for 1-50 pages, 25 cents for each page thereafter for reproduction of medical records. There will also be a charge for the preparation of life insurance forms, disability insurance forms and all other forms requiring staff or physician work product, beginning at \$30.00.

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Patient Name

Date