Windward Urology Associates Ltd
Ellerslie School Road, Black Road
St. Michael, Barbados
Tel: (246) 426-5078 - Fax: (246) 426-5079

PATIENT FINANCIAL POLICY

Welcome to our practice! In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial & post-operative policies. If you have any questions regarding this policy, please discuss them with our **Billing Staff** or **Office Manager**. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your responsibilities as an essential element of your care treatment.

- **Co-pays/Deductibles:** We require that you pay your authorized co-payment and/or deductible at the time of service. We will collect your co-payment and/or deductible as soon as you arrive for your appointment. Co-payments & deductibles cannot be waived or credited as this would constitute a breach of our contract with your insurance company. We may choose to reschedule an appointment in the event a co-payment and/or deductible cannot be made at the time of the visit.

- **Insurance Billing:** Your health insurance is a contract between you and your insurance company. We have made prior arrangements with many health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement. It is your responsibility to make sure that Windward Urology Associates Ltd., has your current and accurate insurance and all other information at every office visit. If we bill the wrong insurance plan because you failed to update us with your current insurance information then you will be responsible for the total charges billed and denied by the insurance plan.

- **Non-Covered Services:** With the multitude of Insurance Policies and Carriers, it is impossible for us to know each and every individual benefit. As the subscriber, it is your responsibility to understand your benefits, which means knowing the terms and limitations of your specific plan. Windward Urology Associates Ltd., is not responsible for charges incurred as a result of any particular services not being covered and/or paid by your plan, nor can the staff of Windward Urology Associates Ltd., be responsible for knowing the terms of your policy. You are responsible for any visit, treatment, and/or equipment charged for and not covered under your plan. Not all health plans are the same nor do they all cover the same services and supplies. In the event that your health plan determines a service or supply to be **"not covered"**, you will be responsible for the complete charge for that particular service. Payment is due upon receipt of a statement from our billing office. Payment for certain supplies will be required at the time of the visit (e.g., catheters, bags, gauzes, lubricants, etc.).

- **Self - Pay Patients**: are required to pay their bill at the time of service. All patients having procedures are required to pay for the procedure in advance of the procedure being done.

- **Collections**: Payment plan arrangements can be made to assist in paying off outstanding balances. However, balances greater than 90 days old where a payment plan has not been established may be turned over to an outside collection agency. In the event this occurs, you may be discharged from the practice and responsible for any collection fees incurred by Windward Urology Associates Ltd.

- **Missed Appointments:** Your appointment is especially reserved for you. We respectfully request that you notify us 24 hours ahead of time in the event that you cannot make your scheduled appointment so that we may accommodate other patients. Failure to provide us with a 24-hour notice/or failing to show

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up for appointments may result in a missed appointment fee of $25.00.

- **There will be a $50.00 charge for insufficient fund checks issued. After 2 returned checks within 12 months, only cash, certified checks, or money orders will be accepted for the next 12 months.**

I have read and understand the financial policy of the Windward Urology Associates Ltd. and agree to be bound by its terms. I also understand that such terms may be amended from time to time by the practice.

_____	_____	_____
SIGNATURE	PRINT NAME	DATE