



Office Policies and Financial Agreement

There is currently a shortage of urologists in Hawaii and specifically in Maui. By seeing a Maui Urology Physician for your urologic and related health care needs you understand and agree to the following:

Our Physicians are not always available. We have an on-call service for after-hours needs including post-operative questions and concerns. Please call our main office number to access this service. For emergency or urgent needs, please call 911 or go to the nearest ER. Our Physicians have days off and vacation from time to time and there may not be another urologist available in Maui during those times. Urgent or emergency urologic medical care may require travel to another island.

There is not always a urologist on call for Maui Memorial Medical Center. If there is not, they may transfer you to a hospital on another island for any emergent urologic medical care needed (e.g. Queens Medical Center).

It is your responsibility to follow up to review results. Follow-up appointments are made for most labs, imaging and other results. If there is not a follow-up appointment scheduled, it is your responsibility to call or access one of the online portals for results. If you have any questions, please call. If it is a multipart or complex question, we may request that you schedule an appointment to discuss.

Maui Urology strives to provide you with the best healthcare possible. Your insurance contract is between you and your insurance company. You are responsible for understanding your benefits, copay, coinsurance and the order in which to send claims. MANY have created untenable situations for healthcare providers with overreaching authorizations and requirements. Due to these continued challenges, we have revised some of our basic financial policies.

- If Maui Urology is not an in-network provider with your insurance, you have the choice of be considered a self-pay patient. You are responsible for submitting the charges for reimbursement to your insurance.
- We will estimate all copayments, coinsurance payments and deductible amounts up front. These fees are required at the time of service.
- Should you receive additional office procedures, and/or consumables you may be sent an invoice for any outstanding amounts. You may contact our office to help understand your bill.
- Account balances are due in 30 days following insurance payment. Balances that are more than 60 days delinquent may incur 5% in monthly charges.
- Statements will arrive by text, email or portal. We will send no more than one paper statement.
- All outstanding and past due balances are due in full prior to scheduling your surgery.
- Surgical copays estimates are due in full prior to your scheduled surgery.
- If you are identified as a financially non-compliant patient, you may be required to keep a deposit or valid credit card on file at all times. If your account is more than 120 days overdue, it may be subject to fines, collection commissions, interest and reinstatement fees and you may be dismissed from our practice.
- Failure to pay any outstanding balance may result in dismissal from our practice.
- Should your check not be honored at your financial institution we will charge a \$40 insufficient funds fee.
- Your insurance company may not pay for a particular item or service. This does not mean you should not receive it. Please check with your insurance company if you have any questions prior to procedures performed.
- We charge for records requests for disability, insurance, law offices and any other non-provider office request for records or completion of paperwork. Fees vary.



No Show/Cancellation/Reschedule Policy – We have very limited appointments available. Cancelling or rescheduling without proper notice often leaves that vital appointment unused. Our no show, cancellation or reschedule policy applies to all patients and is **STRICTLY ENFORCED**. Repetitive cancellations, no shows or rescheduled appointments may result in dismissal from our practice. If your insurance prohibits charging for no shows, cancellations, or repeated rescheduled appointments without the proper notification, it is cause for immediate dismissal from our practice. **All violations of our no-show policy will now incur the following charges.** The below amounts are subject to change.

Appointment Type	Notification Requirement	Charge for Violation
Established Patients and Follow Up Appointments	24 business day hours’ notice	\$50
New Patient and Consultation Appointment	48 business day hours’ notice	\$100
In Office Procedures	72 business day hours’ notice	50% of estimated charges
Surgeries*	Seven (7) business days’ notice	50% of estimated charges

Cancelling an in-office procedure or surgery after our notification requirement, without a medical authorization for illness or hospitalization, will require that you pay the cancellation fee prior to rescheduling. ***Your surgery may include more than one Physician or a Physician Assistant assisting the primary Physician. In those cases, you will be charged for all providers’ lost surgery time.**

We are contracted with many insurance companies and, as a courtesy, we will submit your insurance claims to these companies. Should we not receive payment for any reason, you will be sent a statement and will be liable for charges incurred. These include but aren’t limited to changes, terminations, or non-enrollment with the on-file insurance plan prior to being seen by the Physician including inaccurate cards or lack of understanding of primary, secondary and tertiary plans.

Finally, we understand that we are not always on time or may have to reschedule patients. This is especially true with the current urologist shortage. At first this policy may seem hypocritical, but these generally happen because of medical emergencies or patients with complex medical issues that require additional time than was expected. Sometimes an elderly, non-English-speaking or disabled patient just needs some extra time to fill out forms, dress and check in and out. We expect you will understand if you or your family member ever find yourselves in such a situation and we give you a little extra time.

Thank you for choosing Maui Urology for your urologic care. We are happy to serve you!

_____ * I acknowledge receipt of and agreement to the Patient Rights and Responsibilities and Notification of Physician Ownership and Privacy Practices. *Please initial

Signature: _____ Patient Guarantor.

Patient Name: _____ *Date _____

*If patient is under 18 years and a minor, this form needs to be signed by the Guarantor of the account.