



Dr. Soren Carlsen
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Dear Patient,

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

Dr. Carlsen is not always available. After hours, for emergency or urgent care needs, please call 911 or go to the nearest ER. Dr. Carlsen has 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. We have an on-call service for after-hours needs including post-operative questions and concerns.

There is not always a urologist on call for Maui Memorial Medical Center. If 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 follow-up to discuss.

Maui Urology strives to provide you with the best healthcare possible. Your insurance contract is between you, your employer (if applicable) and your insurance company. While we will try to assist you the best we can with your medical claims, the patient is responsible for payment of all services rendered at our office. It is your responsibility to know what services are covered, authorizations required, and what limits, co-pays and deductibles apply.

No Show/Cancellation/Reschedule Policy – We have very limited appointments available. Cancelling or rescheduling without proper notice often leaves that vital appointment unused. The following no show, cancellation or reschedule policy applies to all patients and is **STRICTLY ENFORCED**. Repetitive cancellations, no shows or rescheduled appointments may cause dismissal from our practice.

Appointment Type	Notification Requirement	Patient Charge for No Show/Cancellation
Established Patients and Follow Up Appointments	24 hour notice	\$25
New Patient and Consultation Appointment	48 hour notice	\$50
In Office Procedures	72 hour notice	\$100
Surgeries	Seven (7) days	\$200

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.



We are contracted with most insurance companies and, as a courtesy, we will submit your insurance claims to these companies. Should we not receive payment for any reason, including those listed below, you will be sent a statement and will be liable for charges incurred:

- ✓! Copayments are due at the time of service. You are required to pay this prior to your appointment and are required to know if your insurer requires a copay and the amount.
- ✓! Past due balances are due at the time of your current appointment. Should you require a payment plan, one should be agreed to before you are seen that day.
- ✓! Should you receive additional office procedures, and/or consumables you may be sent an invoice for the outstanding amount.
- ✓! Changes, terminations or non-enrollment with the on-file insurance plan prior to being seen by the Physician.
- ✓! Consumables not covered or payment that is less than our cost.
- ✓! 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. You will be liable for costs not covered.
- ✓! It is your responsibility to ensure that your services are covered or if a prior authorization is required. Denied insurance payment if a prior authorization is not obtained will be passed on to you.
- ✓! Should your check not be honored at your financial institution we will charge a \$25 insufficient funds fee.

Our office understands that you may need to set up a payment plan. We will work with you to come up with an arrangement that works for both of us. We will not charge interest on accounts where the payment plan is being offered. Delinquent accounts will be subject to interest of 1.5% after 90 days. Accounts older than 120 days are subject to being sent to collections and possible dismissal from our practice.

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 you urologic care. We are happy to serve you!

Signature: _____ Patient Guarantor

By checking this box and typing my name below, I am electronically signing
(for those filling out the form digitally but using a browser that does not support Adobe digital signature)

Patient Name: _____ *Date _____

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