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**Financial Policy**

The primary goal of our practice is to provide the finest urologic care to the people of our community. Since our practice has obligations that must be met, we ask that all patients agree to abide by our payment policies. Insurance coverage is an agreement between a patient and an insurance company for the payment of medical services.

**Patients are responsible for understanding their coverage benefits and guidelines for obtaining medical services.** We will bill your insurance as a courtesy; however, as the recipient of medical services you are ultimately responsible for full payment of professional services, laboratory charges or associated costs incurred at your visit. For your convenience we accept cash, check, Visa and MasterCard. Regardless of what the insurance company pays, you are responsible for full payment of all bills incurred here. **Your co-pay is due at the time of service.**

Please come to your appointments with all necessary insurance forms and cards, so that we may have the information to bill the insurance in a timely and accurate manner.

You will receive separate billing for laboratory, anesthesiology, radiology or hospital services.

There is a \$10.00 charge for patients who fail to keep their scheduled appointment.

**Health Maintenance Organization** are those with a co pay per visit. This type of plan requires that authorization be obtained from your primary care provider (PCP) for all visits.

**Preferred Provider Plans or Choice Option Plans** (PPP, PPO, POS) are plans that allow you to choose your provider. There may be a deductible and/or co pay collected at the time of service. If we are not on your preferred list or are outside the preferred panel, the paid benefits may be at a lower percentage (for example 70 % instead of 80%). We will bill you for the difference and expect payment within 30 days.

**Medicare** is billed for you directly by our clinic. Our physicians are participating providers, therefore we will write off the difference between what we bill and what Medicare considers allowable. You will be responsible for the remaining portion or we will bill your secondary insurance for you.

**State or Federally funded plans.** If you have an open card we will bill the agency for you. For services that are not covered, you will be asked to pay at the time of service.

**Indemnity plans** are those with deductibles, pay a percentage of the bill and allow you to choose your physician. You are responsible for the amount not covered by insurance.

**Non-Insured patients** If you do not have insurance, we will provide your care with payment at the time of service. We will collect a \$100.00 deposit at the time of your appointment. Our billing office staff can discuss this with you prior to the appointment with the doctor so you can know what to expect.

Our staff is trained to help you with any insurance questions you may have. Your insurance carrier, employer or group plan administrator, however, can address coverage issues.

**I have read, understand and agree to this Financial Policy**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

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