

# Urology of Greater Atlanta, LLC

## Payment Options

1. Enroll in the e-billing process by placing a payment method on file and authorizing a future charge up to a maximum of \$250 per visit for amounts owed by me as determined by my insurance company. Amounts owed by me may include (i) copayments, (ii) coinsurance, (iii) deductibles, (iv) non-covered or out-of-network services or (v) fees (if applicable) charged by the practice for forms, medical records, appointment cancellations, NSF fees, credit card charge backs, etc.

**I elect to enroll in the e-billing system.**

2. Pay your estimated co-insurance and deductible at the time of service. We have an office visit estimation tool that will allow us to estimate your co-insurance and deductible.

**I elect to pay my estimated patient responsibility prior to my visit today.**

I have had the opportunity to review the financial policy of Urology of Greater Atlanta, LLC. I confirm that I have received a copy of the policy for my records or that I have declined a copy. I understand that I am ultimately responsible for payment of services rendered to me and/or my dependents. I have indicated my preferred method to handle patient responsibility above.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Birthdate

\_\_\_\_\_  
Patient (Guardian) Signature

\_\_\_\_\_  
Date