

**THE UROLOGY INSTITUTE & CONTINENCE CENTER**

817 Smith Avenue  
Thomasville, Georgia 31792  
(229) 227-0086 Fax (229) 227-5929

**PATIENT FINANCIAL INFORMATION**

Your financial responsibility for services rendered will be calculated by an accounts representative prior to your surgery/procedure. She / He will give you an outline of the costs for your surgery/procedure. This outline will include charges for the facility fee which is from the ambulatory surgery center and the charges for the surgeon's fee.

Your final total will include both the ambulatory surgery center fee and the surgeon's fee. Your payment will be assigned accordingly to both accounts. At the time of service, we will collect your patient responsibility as outlined by our accounts representative and then file the insurance for you for the remainder of the payment.

We make every effort to have the correct amount of your responsibility at the time of your visit. Our personnel will contact your insurance company to ensure that the information is correct and updated. However, at times, this information may not be precise based on changing policy provisions and new contracts. We will inform you immediately of any additional responsibility.

If your insurance company renders payment directly to you for services rendered by The Urology Institute Ambulatory Surgery Center/The Urology Institute and Continence Center or any of our physicians/providers, you agree to submit those payments directly to us promptly.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_