

I accept full responsibility for all charges for services rendered by UROLOGY CENTERS OF ALABAMA, P.C. (UCA). Additionally,

- I authorize the release of any medical information necessary for the completion of insurance claim forms.
- I assign all benefits under my current health insurance policies and authorize payment directly to UCA of any medical or government benefits due from my insurance and/or government program.
- I understand my insurance may not pay all of my charges and I agree to promptly pay the difference or the entire bill.
- I agree that if this account is not paid when due and the clinic should retain either a collection agency or an attorney for collection, I will pay a collection fee in the sum of twenty-five percent (25%) of the unpaid debt, plus reasonable interest as permitted by law, and court costs and attorney's fees incurred in collection of the debt.
- I understand that insurance eligibility and benefit information supplied by my insurance carrier(s) is only an estimate and not a guarantee of payment. Actual benefits are subject to all plan terms, definitions, limitations, and exclusions in effect on the date of service.
- I am responsible for verifying participation with my insurer prior to scheduling diagnostic, ancillary, or specialty care with UCA.
- I understand that self-pay services require payment in full at the time of service.
- UCA reserves the right to charge a fee of \$25.00 for missed office visits (no-shows), and appointments rescheduled without a prior 24-hour notice. In addition, office procedures are subject to a \$100 no-show fee. This fee must be paid prior to scheduling your next office visit or procedure. Multiple no-shows in any 12-month period may result in termination from our practice.