

DOUGLAS L GAKER, MD, INC.
OFFICE POLICY and PATIENT RESPONSIBILITY
Please read the following policies carefully.

Please present your insurance card and a photo ID at each visit. You are responsible to inform us *in writing*- anytime you have a change in insurance coverage, receive a new insurance card or ID numbers and/or have a change of address or phone number, including the effective date of the changes. We are also required by law to update this information and obtain your authorization signature each year. You will be charged an additional \$25.00 Re-File Fee -per claim -when we are denied payment by your insurance due to out dated or incomplete information. Please arrive 10 minutes prior to your scheduled appointment so that we may verify your information and make any necessary changes.

Co-Payments: Co- payments are due at each visit. You will be charged an additional \$25.00 service fee each time we must bill you for your co-payment. You may pay with cash, personal check or money order. We also accept Visa, MasterCard and Discover cards.

Service charges are considered due on the day of your visit. Your billing statement reflects the balance for these service charges as either 'Current', "over 30 Days" and so on, dated back to the day you were seen, not the date you receive a billing statement. When you receive a statement, this means we have properly billed all the insurance companies that you have provided information for and authorized us to bill, and that we have been paid or denied by them. The balance reflects what you owe. Payment is due within 30 days of the statement date. Any statement not paid after 90 days will be sent to collections with an additional \$35.00 processing fee added to the balance.

Appointments: We require a cancellation notice 24 hours prior to all scheduled appointments. You will be charged a \$25.00 "NO-SHOW" fee when no prior notice is given. Do not leave a message on our information line, you must speak to scheduling. You will be discharged from the practice after 3 Missed/No Show appointments. We will provide emergency care for 30 days, however all follow up appointments will be cancelled. Discharged patients should immediately begin the process of securing a new urologist.

Your signature on the reverse indicates that you give Douglas L. Gaker, MD, Inc. authorization to bill and receive payment from insurance, and that you have read and understand our billing and scheduling policies. We follow the guidelines set forth in the Health Insurance Privacy and Portability Act of 1996.