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## Financial Policy

If you have...		You are responsible for...	Our staff will...
Primary: Secondary:	Medicare Medicare Supplement or *Managed Care	Any Deductibles or Co Pays due after we receive notification from both your insurance companies.	Submit your claim to both insurance companies. Write-off the Medicare contracted amount. Send you a bill after we receive any denials of payment.
Primary: Secondary:	Medicare Commercial or No Insurance	Payment at time of service for Medicare Deductibles and Co Pays.	Submit your Claim to your insurance company. Write-off the Medicare contracted amount. Send you a bill after we receive any denials of payment for which you haven't paid.
Primary: Secondary:	*Managed Care No Insurance	Payment of Deductibles and Co Pays at time of service. These will be indicated on your insurance card. You may also be responsible after your service for any other denials of payment.	Submit your claim to your insurance company. Write-off the Negotiated Contract amount. Send you a bill after we receive any denials of payment for which you haven't paid.
Primary: Secondary:	Commercial No Insurance	Payment in full at time of service (unless otherwise arranged with our Billing Department).	Submit your claim to your insurance company.
Primary: Secondary:	Commercial *Managed Care	Payment of Deductibles and Co Pays at time of service for your Managed Care Insurance. These will be indicated on your insurance card. You may also be responsible after your service for any other denials of payment.	Submit your claim to your insurance company. Send you a bill after we receive any denials of payment for which you haven't paid.
Primary: Secondary:	No Insurance	Payment in full at time of service (unless otherwise arranged with our Billing Department).	

**\*Managed Care Companies** (Subject to Change):

Medicare (IN, PFFS, Travelers) / Medicaid (Advantage, IN, Managed Health Services, MDWise, OH, 590)  
 BCBS (Blue Access, Federal, ICHIA, PPO, Traditional, Unicare Access) / American Health Group / Encore / GEHA Healthspan / IHN / PPOM / ppoNext (Beech Street) / PHCS / Postmaster Benefit Plan / Sagamore / Select Circle / SHO / Tricare / United Healthcare

Note: If your Insurance requires a referral or pre-certification you may be responsible to obtain this. Our office is not liable for any denials of payment, due to your failure to do so.

Surgery: Our office will contact your insurance regarding your responsibility for elective surgeries. Payment is required two days prior to the procedure. If payment is not received the procedure may be cancelled.