

ConwayUrology

D. Craig Shirley, M.D.
 James H. France, Jr., M.D., F.A.C.S.
 Jeffrey B. Marotte, M.D., F.A.C.S.
 Shawn Brewer, A.P.N.

PATIENT INFORMATION

Last Name		First name		M.I.
SSN	Sex ___Male ___Female	Date of Birth	Marital Status Married Single Divorced Widowed	
Race/Ethnicity African-Amer Asian Caucasian Hispanic/Latino Native Amer Pacific Islander Other				Preferred Language
Mailing Address				Apt #
City		State		Zip
Home Phone # ()	Work Phone # ()	Cell Phone # ()	Email Address	
Referring Physician		Primary Care Physician		Employer Name
Preferred Pharmacy				

EMERGENCY CONTACT INFORMATION

Name	Relationship to Patient	Phone ()
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GUARANTOR (Financially-responsible party)

Name () Same as patient	Relationship to Patient	Phone ()
Street Address	Apt #	Alt. Phone ()
City	State	Zip

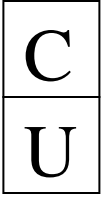
INSURANCE INFORMATION

Primary Insurance () no insurance or wish to self-pay		Secondary Insurance () no insurance or wish to self-pay	
Insurance Name/Plan		Insurance Name/Plan	
Insurance/Member ID#		Insurance/Member ID#	
Group #		Group #	
Subscriber Name () Same as patient		Subscriber Name () Same as patient	
Subscriber DOB	Subscriber SSN	Subscriber DOB	Subscriber SSN

 Patient /Guardian Signature

 Date

Turn Over



ConwayUrology

www.conwayurology.com
conwayurology@conwaycorp.net

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FINANCIAL POLICY

We are glad you have chosen Conway Urology. Our primary responsibility is to provide the highest quality medical care to our patients. Please read our financial policy carefully and sign and date at the bottom.

Self-Pay Patients

If you do not have insurance coverage or are seeking treatment/services that are not covered by your insurance plan, you are a “self-pay” patient. We will apply a 20% discount to all charges except medication costs and you are responsible to pay in full on the day of your visit. If you cannot pay your balance in full, you will need to contact our office **prior to** the date of your appointment to make payment arrangements.

Insurance Patients

All insurance co-pays are due **at the time of service**. If you cannot pay your co-pay, please contact our office prior to your appointment to make arrangements for payment. Our clinic is contracted with most Arkansas based commercial plans including Blue Cross Blue Shield, Blue Advantage, Health Advantage, QualChoice, United Healthcare, Coresource, Cigna, Tricare, Humana, Medicare and Medicaid. If you do not see your plan listed, please contact your insurer prior to your visit to verify we are in network.

Payment of shared costs – deductible and co-insurance – will be billed to you after your insurance has completed processing your claim. **It is the patient’s responsibility to obtain and referrals/certifications/authorizations** from the primary care or referring physician when required by your insurance plan. If you do not have a current referral on file, you may be asked to reschedule your appointment. **Medicare does not require a referral.**

MEDICAID

Medicaid requires a referral from your primary care provider. **You** are responsible to make sure we have a referral from the PCP you have on file with DHS. If you do not have a PCP, please contact DHS prior to your visit.

By signing this Financial Policy Notice you acknowledge that you have read, understand and accept this Financial Policy. You also authorize assignment of insurance plan benefits directly to Conway Urology for services provided. You are financially responsible for all cost-share expenses (co-pay, co-insurance and deductible) as well as any services not covered by your insurance plan.

Patient Name

Patient/Guarantor Signature

Date

Conway Urology accepts cash, check, Mastercard, Visa and Discover. A \$25.00 fee applies to all returned checks. Any unpaid accounts will be turned over to a collection agency after 90 days.

Turn Over