

# Great Lakes Physicians, P.C.

d/b/a: Western New York Urology Associates and Cancer Care of Western New York

## FINANCIAL GUIDELINE

Effective: October 1, 2021

Reviewed: February 8, 2023

Thank you for choosing Western New York Urology and Cancer Care as your healthcare provider. We are dedicated to your medical treatment and care. Our practice will work with you to make sure your insurance carrier fulfills its payment responsibility. You will be responsible to pay only what your insurance does not cover for the services performed.

**Referrals** – You will need to obtain a referral from your primary care provider if your insurance requires one. Referrals must be in place at the time of service, or you may be asked to sign a form indicating you are financially responsible. If you are scheduled for a procedure and we have not yet received the referral, your procedure may be rescheduled until either a referral is in place or that form has been completed.

**Copayments** – These will be collected on the day of your appointment. We accept cash, check, money order and all major credit cards. We also accept payments on our website [www.wnyurology.com](http://www.wnyurology.com) and on our patient portal.

**Deductibles and Co-Insurance** – We will make every effort to, inform you how much you will owe before any surgery or other procedure. You may receive a telephone call if the anticipated cost is higher than \$100. Please understand these quotes are estimates based on your insurance coverage. Any additional procedure or change in procedure by your medical provider, may change the estimate. So that you understand your total financial responsibility, we recommend that you contact the hospital or ambulatory surgery center and inquire about any additional facility charges.

When procedures are considered elective, we will be asking for payment up front. Our staff is working diligently to get you this information, but as you are well aware, deductibles update on a daily basis. Our staff will contact you before your visit if your personal responsibility is higher than your normal copayment.

If you have any questions regarding your deductible or upcoming procedure, please call our billing department at 716-844-5600 and someone will be happy to help you.

**Self-Pay Patients** – Payment for services is due at the time of service unless other prior arrangements have been made with the Billing Department.

**Additional Testing** – We may need to send a specimen to a lab for any cytology or pathology the medical provider considers necessary. If this happens, you will be billed directly by the lab.

**Patient Statements** – Our office will provide you with monthly statements showing charges and payments from your insurance carrier, contractual adjustments and any payments made directly by you.