## **HTX Urology**

R. Robert Dhir, MD Diplomate, American Board of Urology 600 N. Kobayashi Rd #210

Webster, TX 77598

Phone: 281-946-6462 | Fax: 281-336-1181



Initial	Financial & Office Policies  Please initial next to each section:			
				All co-pays, co-insurance, deductibles and cash payments are due at check-in on the day services are rendered. Should you have any remaining balance on your account, you will receive a billing statement.
	For your convenience we accept cash, money order, debit, and most major credit cards			
		For all elective procedures i.e. UroLift, Prostate Biopsy, Cystoscopy, etc. we DO NOT accept checks. Payment must be made in one of the other acceptable forms of payment or your procedure will be rescheduled.		
	A fee of \$50.00 will be charged to your account for any returned check.			
	"No-Show for <u>Appointment or office procedure</u> " – failure to keep a scheduled appointment without giving our team 24 hour notice fee: <b>\$50.00</b>			
	"Cancellation" – Appointment cancellation with less than 24 hours' notice fee: \$50.00			
	Surgery Deposits must be paid prior to your scheduled surgery day, usually at the time our schedulers reserve a time slot for you: \$100.00			
	HTX Urology requires a 5 BUSINESS DAYS notice for cancelling surgical cases. If you do not cancel your surgery 5 BUSINESS DAYS in advance, you will be charged <b>\$200.00</b>			
	Completion of disability forms, FMLA, or insurance forms will be assessed a \$40.00 fee per form to cover the administrative overhead involved in completing these forms. This fee is not covered by insurance.			
	Fee for completion of Prior Authorizations for <u>medications</u> that are not covered by your insurance company - \$30.00. We will notify you in advance if we believe your insurance company won't cover your medication. If you wish for us to appeal the decision, the fee will cover the manpower required to attempt the appeal. THERE IS NO GUARANTEE THAT YOUR INSURANCE COMPANY WILL APPROVE ANY APPEAL.			
	Peer to Peer Review fee - \$100.00. If your insurance company denies a procedure, test or medication and requests a peer to peer review, this fee will cover the time required for Dr. Dhir to go through this process. THERE IS NO GUARANTEE THAT YOUR INSURANCE COMPANY WILL GRANT APPROVAL.			

Print Name & Date of Birth	Signature	Date	