



Patient Responsibility Agreement

By electing to receive health care services from Lakeshore Urology, and by signing this Patient Responsibility Agreement, you agree to be bound by the payment policies outlined below.

ALL PATIENTS

Lakeshore Urology will provide medical services. Billing for professional services will be processed through Ross Hogan, MD, LLC. Patients may receive bills from, and should remit payment to, **Ross Hogan, MD, LLC**.

It is your responsibility to be familiar with your insurance benefit plan. If you are unsure whether services are covered, please contact your insurance carrier prior to receiving services. If services are not covered by your insurance plan, you agree to pay **Ross Hogan, MD, LLC** for the full amount.

All required copayments, deductibles, and coinsurance are due and payable at the time of service unless other arrangements have been made in advance. For scheduled procedures or surgeries, insurance coverage verification and any required patient financial responsibility must be completed prior to the scheduled procedure date. Failure to complete financial arrangements in advance may result in delay or cancellation of the procedure.

Lakeshore Urology and **Ross Hogan, MD, LLC** may use and disclose your information as allowed by federal and state law for purposes of treatment, payment, and healthcare operations.

Diagnostic testing may be required as part of your care and may be performed by **Lakeshore Urology** or by outside facilities. When outside diagnostic providers are used, you may receive a separate bill from those providers.

TRADITIONAL MEDICARE PATIENTS

If you are a patient with traditional Medicare only, you are responsible for payment of twenty percent (20%) of the approved Medicare rate, which is due at the time of service. **Ross Hogan, MD, LLC**, will bill Medicare for the remaining portion.

TRADITIONAL MEDICARE + MEDICARE SUPPLEMENT PATIENTS

If you have traditional Medicare and a Medicare supplement plan, no payment is required at the time of service. **Ross Hogan, MD, LLC**, will bill both Medicare and your supplemental insurance. Any services not covered by either Medicare or your supplemental plan will be billed to you by **Ross Hogan, MD, LLC**.

TRADITIONAL MEDICARE + SECONDARY INSURANCE PATIENTS

If you have Medicare and a secondary insurance plan, you are responsible for deductibles and twenty percent (20%) of the approved Medicare rate, which is due at the time of service. **Ross Hogan, MD, LLC**, will bill both Medicare and your secondary insurer. If the secondary insurer covers the twenty percent (20%), you will no longer be responsible for that portion.

COMMERCIAL INSURANCE PATIENTS

(Including Self-Insured Employer Plans and Medicare Replacement Plans)

Payment of all copayments, deductibles, and coinsurance is due at the time of service. **Ross Hogan, MD, LLC**, is contractually obligated by your insurance plan to collect your portion of the charges. You are responsible for understanding your plan benefits, including any prior authorization requirements.

PATIENTS VISITING LOUISIANA FROM OTHER LOCATIONS

Ross Hogan, MD, LLC participates with many insurance plans; however, participation is not universal. Prior to receiving services at **Lakeshore Urology**, it is your responsibility to verify coverage for services rendered in Louisiana. Some plans require activation of travel benefits or may provide out-of-network coverage at a higher out-of-pocket cost.

Certain plans, including many HMO plans, may only cover emergency services outside of your home state. Please contact your insurer directly to confirm coverage.

OUT-OF-NETWORK PATIENTS

If **Ross Hogan, MD, LLC** is not contracted with your insurance carrier, services will be considered out-of-network. If you have out-of-network benefits, claims may be submitted on your behalf; however, payment is not guaranteed. You are responsible for payment in accordance with your plan's out-of-network benefits. Some plans, particularly HMO plans, do not provide out-of-network benefits. In such cases, claims may not be paid, and you may be responsible for the full balance.

BILLING & PAYMENT

Insurance benefits will be verified, and claims will be submitted to your insurer. You assign your right to receive insurance payments directly to **Ross Hogan, MD, LLC**. This assignment does not waive your responsibility for copayments, deductibles, coinsurance, or non-covered services.

Accepted forms of payment include cash, check, and most major credit cards. Checks should be made payable to **Ross Hogan, MD, LLC**.

For billing questions, please contact the central billing office:

Covington: 985-892-4544

Metairie: 504-455-2800