



**Ziyad H. Mugharbil, MD**

Urology Practice

Office: 828/837-7513

Toll Free: 888/837-7513

Fax: 828/837-2912

4188 US Highway 64 East, Suite 6  
Murphy, NC 28906

47 Weaver Road, Suite B  
Blairsville, GA 30512

[www.drugharbil.org](http://www.drugharbil.org)

### **Financial and Payment Policy**

We are committed to providing you with the best possible care. If you are a self pay patient, we have a Self Pay Payment Agreement that requires your signature acknowledging our policies. If you have insurance we will work with you to help you receive the maximum allowable benefits as defined by your insurance plan.

We need your assistance and your understanding of our payment policy.

1. Payment for all office services and supplies are due at the time of service (unless **prior** arrangements have been made).
  - a. If we are contracted with your insurance plan, we will submit the claims. You are responsible for all co-pays, deductibles, and coinsurance at the time of service.
  - b. If we are not contracted with your insurance plan, we will be happy to process your insurance form for **your reimbursement**. You must submit you insurance plan information. This is a courtesy we extend to you, but you are responsible for payment on the date of service.
  - c. Surgical procedures may require a deposit, including your co-pay, deductible and coinsurance. Remaining balances are to be paid with thirty days of payment by your insurance plan (unless **prior** arrangements have been made).
  - d. Any office appointments or procedures not kept or canceled less than 24 hours prior may be charged a \$25.00 charge. This charge is not covered by your insurance plans.
  - e. If any payment is made directly to you for services billed by us, which have not been paid in full, you recognize an obligation to promptly remit the balance to Ziyad H. Mugharbil, MD.
2. We accept cash, checks, MasterCard, and Visa.
3. Medical insurance is a contract between you and your insurance plan. We are not a party to that contract unless we have chosen to be a participating provider with your insurance plan.

**\*\*IMPORTANT INFORMATION ON OTHER SIDE\*\***



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### **Financial and Payment Policy, Continued**

4. Our fees fall within a ranged based on the level and standard of care provided, in our area, and are covered up to an allowance determined by each plan. Some plans pay on the basis of a percentage of this Usual and Customary Range (UCR), others pay from their own arbitrary fee schedule, which has not relationship to the UCR. You can check any fee by calling the office.
5. Not all services may be covered by your plan. Some plans select certain services that they do not cover, and regardless of our contract with the plan, payment for any non-covered services will be the patient's responsibility.
6. We have a Financial Hardship Application for those patients meeting our income requirements. If you are applying for Financial Hardship, please advise the Receptionist when scheduling your appointment.

We must emphasize that as a medical provider, our relationship is with you and not your insurance plan. It is your responsibility to know your plan. If you have any questions regarding your plan, contact your employer or your plan representative. We cannot be responsible for loss if benefits are denied.

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### **ASSIGNMENT AND RELEASE**

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, Champus, private insurance and third party payers to Dr. Ziyad Mugharbil. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize Dr. Ziyad Mugharbil to release all information necessary, including Medical Records to secure payment. I authorize the use of this signature on all my insurance submissions.

I have read and understand Dr. Ziyad Mugharbil's Financial and Payment Policy and Assignment and Release Statement's.

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**Patient/Financially Responsible Printed Name**

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**Date Signed**