

Vasectomy Payment Agreement

The consultation fee prior to the procedure is payable in full when services are rendered, unless you have an insurance company in which we participate. If you have a non-participating insurance plan, we will be glad to file your claim and have reimbursement forwarded directly to you.

The vasectomy fee is \$990. Please provide us with your signature below so we may contact your primary insurance company to determine your coverage. Since this is an elective procedure, you will be asked to pay in full any non-covered, co-insurance and/or deductible amounts before the scheduled procedure. If you have no insurance coverage, payment in full is expected prior to the appointment. There will also be a \$35 fee for the post procedure semen analysis.

Please be aware that you will receive a statement from a pathology department for the vasectomy specimens that we send to them. We will supply them with your insurance information. It is your responsibility to inform our office staff on which lab/pathology department that the specimen should be sent. Your insurance company can provide this information for you if you are unsure.

We do not extend a payment plan for the vasectomy procedure. It is the patient's responsibility regardless of any changes due to insurance policy coverage.

I have read the above and authorize Urology Associates to contact my insurance company to acquire the necessary information to process any claims incurred. I also agree that in the event of non-payment, I am responsible for the full amount.

Signature: _____

Date: _____