North Idaho Urology PLLC — Financial Policy

Please review carefully. Questions? Ask staff prior to your appointment.

INSURANCE & PATIENT RESPONSIBILITIES

- Provide accurate insurance info at registration; understand your copays, deductibles, and coverage.
- Copayments are due at check-in. Non-payment may result in rescheduling. A $10.00 fee will be charged for non-payment of copayments.
- We submit claims on your behalf, but you are responsible for ensuring timely payment by your insurer.
- Some lab specimens may go to out-of-network labs — we do not bill or authorize for those services.
- Services deemed "not covered" by your insurer are your financial responsibility.

SELF-PAY / UNINSURED / OUT-OF-NETWORK

- New patients: $343.00 due at time of service.
- Established patients: $271.00 due at time of service.
- Elective procedures must be paid in full before service.
- Any balance after initial payment will be billed; overpayments refunded after insurance pays.

Accepted: Cash, Visa, MasterCard, CareCredit.

BILLING & PAYMENT PLANS

- Itemized statements sent by mail or email per your preference.
- Payment plans available — contact billing to arrange.
- Defaulted plans are sent to collections and may be reported to credit bureaus or result in legal action.

ADMINISTRATIVE FEES

- Disability, FMLA, life insurance & related forms: $25.00/packet.
- Insurance pre-authorization for uncovered medications: $25.00/authorization. Coverage not guaranteed.

CANCELLATION & NO-SHOW POLICY

- Notify us as soon as possible if canceling or rescheduling.
- Procedures/Surgeries: Cancellations <24 business hours in advance: $200.00 fee per occurrence.
- Office Visits: No-show without 24-hour notice: $50.00 fee.
- 3 No-shows may result in dismissal from practice

AI SCRIBE — RECORDING CONSENT

- North Idaho Urology uses an AI-assisted medical scribe to improve documentation accuracy.
- Your visit may be recorded (audio/transcription) solely for generating clinical notes.
- Recordings are stored securely in compliance with HIPAA regulations.
- AI-generated notes are reviewed and approved by your provider before entering your medical record.
- Signing below indicates consent to recording for AI-assisted documentation.

PATIENT ACKNOWLEDGMENT & CONSENT

I have read and understand the Financial Policy of North Idaho Urology PLLC and agree to its terms, which may be amended without notice. I also consent to recording of my visit for AI-assisted medical scribe documentation.

Patient Name (Print):

_____

Date of Birth: _____

Patient / Guardian Signature:

_____ Date: _____

Relationship (if Guardian):

_____

Accreditation Commission for Health Care: (855) 937-2242

UPDATED 7.10.26