

UROLOGY, P.C.

5500 Pine Lake Road Lincoln, Nebraska 68516 (402) 489-8888 Fax (402) 421-1945

You are currently scheduled for a vasectomy consult in our office; please be aware that if you want to proceed, the *scheduling* of the procedure will take place after you have had your consultation with your physician.

The vasectomy procedure is considered elective, and therefore Urology, P.C. and Urology Surgical Center have a policy to collect payment prior to the procedure. We ask that you please contact your insurance company before the date of your consultation to verify coverage. We have provided this worksheet for you to utilize while speaking with your insurance carrier regarding your specific plan benefits. Once completed, please bring this form with you to your appointment.

Questions to ask your insurance company:

1) Are Urology, P.C. and Urology Surgical Center in-network with my insurance carrier? Yes or No

Network Name: _____

2) Is male sterilization/vasectomy, billing/CPT code 55250, a covered benefit with my plan? Yes or No
(Please note that this is an out-patient procedure, it is NOT done in the office.)

3) Is there a deductible? Yes or No
If Yes, How much is it? _____
Have I met it for the year? Yes or No
How much has been used? _____

4) Following the deductible, does my plan have coinsurance? Yes or No
If Yes, what percentage does insurance pay? _____ (i.e. 70%, 80%, 85% or 90%)

5) Is precertification required for billing/CPT code 55250, vasectomy? Yes or No

6) Customer Service Person _____
Date Contacted _____
Reference Number _____

_____ I understand and agree this is a courtesy estimate. (Please initial.)

Printed Name Signature Date

For Office User Only: Amounts Due

UPC _____ + USC _____
Urology PC/Surgeon Urology Surgical Center/Facility

****The consult with your physician is NOT included in the above fees, and you will be billed separately.**

Please remember that these amounts are strictly an estimate. If you have further questions regarding the above information, feel free to contact our billing department at 402-489-8888 Option 4, or Patient Accounts at Ext 221.

Please call in with your payment by _____ or at least 7 days prior to the procedure.
If we haven't heard from you with payment 7 days in advance, your procedure will be cancelled.

Checks are welcome, but please be sure we have received two separate checks a week prior to your procedure.