



Frank D. Mastandrea, M.D.  
Financial Policy

Thank you for choosing us as your urological healthcare provider. We are committed to your treatment being successful. The following is a statement of our financial policy. We ask that you read and sign this prior to any treatment.

Private Insurance: Your insurance policy is a contract between you and your insurance company. We are not a part of that contract; therefore, you are responsible for full payment at the time of service.

Participating Insurance: All co-payment and deductible are payable at the time of service. Your signature below authorizes payment to us for our services.

Medicare Insurance: We will accept Medicare assignment. We will electronically submit your claim and Medicare will send you and Explanation of Benefits.

**MEDICARE LIFE TIME SIGNATURE**

Medicare B Signature Authorization

I authorize any holder of medical or other information about me, to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, any information needed for this or a related Medicare Claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. I understand that this signature is a lifetime signature.

**RELEASE OF INFORMATION**

I authorize the release of any medical information necessary to process claims and request payment of benefits either to myself or to the party who accepts assignment on the AMA health insurance claim form.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_