



294 E. Layfair Drive  
Flowood, MS 39232  
Phone: 601.936.4645  
Fax: 601.936.4643

www.urologyassociatesofms.com

Mark A. Condon, M.D.  
Avinash C. Gulanikar, M.D.  
Sujith K. Reddy, M.D.

Please read each statement and initial documenting that you have read and understand Urological Surgery Associates office policies.

- \_\_\_\_\_ Initial 1. In the event of a security breach or other system wide correspondence that requires notification; I authorize Urological Surgery Associates to contact me by the e-mail address I provided to you.
- If I do not have access to email, that I will be informed by phone or mail;
  - I am responsible for giving you any updates to my email address, phone and physical address, and Urological Surgery Associates will not be held responsible if they are unable to contact me if I have not done so.
- \_\_\_\_\_ Initial 2. I understand that there may be a charge for providing me or my designated representative with copies of my medical records in accordance with the guidelines provided by the Mississippi State Board of Medical Licensure.
- \_\_\_\_\_ Initial 3. I understand that there may be a charge for completing forms such as, but not limited to appeals for prescriptions, insurance, family leave, and physicals. I understand the fee will be billed to me directly and not my insurance.
- \_\_\_\_\_ Initial 4. I understand if I do not show for a scheduled appointment, I may be charged a fee that will be directly billed to me and not my insurance.
- \_\_\_\_\_ Initial 5. I understand that **payment is due in full when service is provided** unless arrangements have been made prior to my appointment.
- \_\_\_\_\_ Initial 6. I understand it is my responsibility to know what labs my insurance require me to use and inform you of such. Urological Surgery Associates utilize Healthtronic and St Dominic for lab services.
- \_\_\_\_\_ Initial 7. I understand with the new Health Insurance Portability and Accountable Act (HIPAA), Urological Surgery Associates cannot give my personal information to family members without written consent.
- \_\_\_\_\_ Initial 8. I understand that it is my responsibility to inform Urological Surgery Associates if my insurance plan has changed and or require precertification. Otherwise any cost incurred because of timely filing or no precertification was obtained will be my responsibility.
- \_\_\_\_\_ Initial 9. I understand that Urological Surgery Associates prohibits the use of recording devices during office visits.
- \_\_\_\_\_ Initial 10. I give Urological Surgery Associates my consent to import my Medication history.