



Adult and Pediatric Urology
Stone Diseases and Lithotripsy
Fertility-Sexual Dysfunction
Urological Oncology

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Financial Policy

At Abbeville Urology our physicians and staff are committed to providing you with the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. Please read this document to become familiar with our current Financial Policy. Once all of your questions have been answered, please sign this document. We will provide a copy to you for future reference.

Patients with Insurance: We are a participating provider with a number of insurance plans. Please bring your insurance card with you at the time of your appointment. You will be asked to pay all co-payments at the time of service. If your health insurance company does not cover 100% of the services rendered, you are responsible for any co-insurance, deductibles, or non covered services that are not paid by your insurance. You may be asked to pay these fees upon the conclusion of your visit. Otherwise you will receive a statement from our office indicating the amount your insurance has paid and the amount you owe. Any balance remaining is due from you within thirty (30) days of your receipt of the statement.

Patients without Insurance: If you are uninsured and self-pay at the time of your appointment, you will be asked to pay for the visit at the time of the visit. You will receive a 40% discount if you pay your bill at the time of your visit providing that you do not have an outstanding balance with us.

Payment Following an Appointment: Regardless of your insurance status, if you are unable to pay any amount owed at the time of your appointment you will need prior approval from the Office Manager or Insurance Specialist. If you receive that prior approval and you must be billed by us, we will mail a statement to you within thirty days of service or when we are alerted by your insurer that you must make a payment to us, as applicable. Payment is due from you to us within thirty (30) days of your receipt of the statement. In the event you fail to make a payment within this timeframe, we will provide your name, contact information, and payment information to PMAB, LLC, a national debt collection agency. PMAB will then seek payment from you. In the event you continue to fail to pay the amount owed, we will notify you, by certified mail, that you have been dismissed from Abbeville Urology, and that you must find a new provider. For a period of thirty (30) days from the date you receive the notification from us, Abbeville Urology will treat you for urgent matters only.

Financial Assistance: In the event that you alert us that you need assistance with paying for medical services, we will refer you to our Patient Financial Advisor for further assistance.

If you have any questions or concerns, please contact the Physician Practice Operations Manager, Shelley Halpin at: 864-366-3515