International Prostate Symptom Score (IPSS)

Patient Name: _____ Today's Date: _____

Daytime Phone Number: _____ Date of Birth: _____

Determine Your BPH Symptoms

Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
Add Symptom Scores:		+	+	+	+	+

Total International Prostate Symptom Score = _____

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Quality of Life (QoL)

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

	Yes	No
Have you tried medications to help your symptoms?		

Did these medications help your symptoms? (circle)

1	2	3	4	5	6	7	8	9	10

No Relief *Complete Relief*

	Yes	No
Would you be interested in learning about a minimally invasive option that could allow you to avoid or discontinue enlarged prostate medications?		

The information provided in this form may be de-identified and aggregated and provided to a 3rd party for use.

Dear patient:

We would like to take this opportunity to welcome you to our practice to provide your urological care. We appreciate your trust and look forward to keeping you healthy and happy.

As part of our services, we try to contain the ever-rising cost of health care. To do this, we have implemented this Financial Policy which we ask you to read and sign. You may receive a copy of this policy for your records if you so desire. The original will be maintained in your medical record.

INSURANCE BENEFITS AND COVERAGE

As a courtesy to you, our staff will contact your insurance company to verify your coverage benefits regarding medical care. We will make every effort to advise you if uncertain treatments are not covered by your plan. In doing this, we must rely on the information provided to us by your insurance company representatives. We do document the person we speak to and the date of the call. However, we cannot be responsible if we are given the false information by your company although this is rare. Verification of coverage and eligibility IS NOT a guarantee that payments will be made by your insurance company. That is determined by your insurance company at the time the claim is submitted and reviewed. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your ever have any questions regarding your coverage, we will be happy to assist you in obtaining the answers. Ultimately, YOU are responsible for all costs uncured during treatment, with the expectation of PPO, HMO, or Preferred Provider adjustments and write-offs. These adjustments and write-offs are determined by the contracts we have with your insurance company.

CO-PAYMENTS AND DEDUCTIBLES

Although we accept assignment of insurance benefits as determined by our PPO, HMO, and Preferred Provider contacts with the various insurance companies and medical groups, we do require co-payments, patient portion amounts, and any unpaid yearly deductibles to be made at the time of service.

UNINSURED PATIENTS

FULL payment is due at the time of service. We do accept card, cash, and checks.

NON-COVERED BENEFITS

We realize unforeseen circumstances may arise or that some insurance companies, especially HMO's, may not cover some medically necessary services. In these instances, a payment plan may be available. These will be evaluated on a case by case basis. While we try to accommodate all our patients, we do maintain strict guidelines regarding payment plans. Failure to adhere to the payment schedule will result in a revocation of the payment plan agreement.

BALANCES AND STATEMENTS

You will receive a statement at the end of each month. If any payment is due, the statement will have a "Pay this amount" section on it. This payment is due by the fifteenth of the month. If this payment has not been received by the next billing cycle, a re-billing fee of $15.00 will be added to your balance. This will be repeated each month. If you have difficulty making a payment, you MUST contact us PRIOR to the due date to avoid these fees.

In order to refrain from raising our fees, we must control our costs and maintain efficiency in the business aspect of the practice. We are dedicated to providing you and your family with the best possible care available. We will also attempt to accommodate you whenever possible. If you have any questions regarding this financial policy or any other matter, please contact the office manager. Thank you for the understanding. We look forward to serving all your urological needs.

I,_____have read this financial policy, understand it, and agree to its terms

Signature:_____ Date:___/___/___