

AZ UROGYNECOLOGY & PELVIC HEALTH CENTER

FINANCIAL POLICY GUIDELINES

WELCOME

Thank you for choosing us as your health care provider. We are committed to providing quality medical care. In order to reduce potential confusion, we have adopted the following Financial Policy Guidelines. Please read and sign it prior to the commencement of any treatment.

APPOINTMENTS

To schedule an appointment, please call our office at (480) 889-2654. We strive to provide the best possible service available to all of our patients. If you are unable to keep an appointment, please call at least 24 hours in advance so that we can schedule another patient who is waiting in that time slot. Many of our patients have urgent needs, so we use appointment cancellations to accommodate their special needs. Patients with recurrent missed appointments or short-notice cancellations will be charged a \$25.00 fee for each missed appointment. This fee is not billed to your insurance company; it is solely your responsibility. If you call for an urgent appointment, we will make our best effort to accommodate your needs.

INSURANCE

Your insurance policy is a contract between you and your insurance plan. We cannot bill your insurance company unless you give us current and valid insurance information. All health plans are the not same and they do not always cover the same services. In the event your health plan determines a service is “not covered”, you will be responsible for the complete charge. This office is not responsible for disputing your insurance company’s decision regarding coverage. We will do our best to prior authorize any and all tests and procedures prior to them being done. **We expect that you be responsible in knowing your insurance benefits, including but not limited to: deductible, and co-payment amounts as well as labs, radiology facilities and hospitals contracted with your plan.** If you have insurance coverage with a plan in which we do not participate or you have no health insurance plan, our charges for your care are due at the time of service. You may, however, bill your insurance company, even if we are not a contracted provider. Our office will provide you with the necessary paperwork to do so.

ADMINISTRATIVE

Your insurance is your responsibility! It is a courtesy to our patients, we will file claims for these plans which we have an agreement. **It is your responsibility to notify our office with current and valid insurance information.** If your insurance does not pay within a reasonable amount of time, we will look to you for payment. Any costs incurred by this office because of incorrect information provided to us will be your responsibility. Payment is due upon receipt of a statement from our office.

All monies owed including co-pays, deductibles or outstanding balances are collected at the time of service.

**Administrative Fees: \$25.00 fee for NSF returned checks
 \$25.00 fee for repetitive no show or late cancellations**

If this account should go into default, you understand that you will be held liable for all collection fees and attorney fees incurred to collect this debt.

If this account has a credit of \$25.00 or less, this money will be held on account for future visits. If you do not wish this money to be used for future visits, please notify our billing manager and request a refund.

I have read and understand the financial policy guidelines:

Patient: _____ Date: _____