



OFFICE & FINANCIAL POLICIES

Thank you for choosing Arizona Breast Consultants a division of Arizona Associated Surgeons for your surgical needs. Our primary goal is to provide you with the highest quality medical care and maintaining a good physician-patient relationship. We are committed to meet this goal with effective communication and making you aware of our office and financial policies in advance. We realize you have choices for your medical care and appreciate you choosing our practice.

Patient Responsibilities

You can help ensure an efficient experience by assisting with the following:

- Providing us with your picture identification, insurance card(s) and Social Security number to enable us to submit your claims timely and accurately
- Knowing your insurance benefits and limitations
- Obtaining a written referral and/or authorization for our providers to treat you **IF** required by your insurance
- Providing us with copies of any pertinent medical records including tests and x-rays
- Paying your estimated portion of the charges at the time of service and paying any additional amount owed when due
- Copays are subject to \$25 surcharge if not paid at time of service
- Providing us with at least 24 hour (1 business day) advanced notice should you need to cancel or reschedule an appointment to avoid no show fees which are not billable to insurance
- Arriving on time – patients will be rescheduled if more than 15 minutes late to scheduled appointment

Please note that co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot change or negotiate these amounts.

Insured Patients

For our patient's convenience we participate in most major health plans and have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicaid (AHCCCS). Our business office will submit claims for services rendered to a patient who is a member of one of these plans and assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information at the time the appointment is scheduled. If you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If you are insured by a plan we contract with but don't have an insurance card with you, payment in full for each visit is required until you furnish us with a copy of the card and your coverage can be verified.

Co-Pays/Deductibles/Co-Insurance – Please be prepared to pay for your portion on date of service

Your insurance company requires us to collect co-payments at time of service. Waiver of co-payments may constitute fraud under state and federal law. For your convenience we accept cash, checks or the following credit cards: Visa, Master Card, Discover and American Express. If you do not have your co-payment your appointment may be rescheduled. Additionally, you may have co-insurance and/or deductible amounts due as required by your insurance carrier.

Surgery

If surgery is indicated, our office will collect as a pre-payment any remaining deductible you may have and any co-insurance due prior to your surgery. Your out of pocket cost is estimated based on your benefits and our fees. Anesthesia, facility and other providers are separate fees. If your remaining deductible is not applied to our claim by your insurance company, a credit will appear on your account and a refund will be promptly processed and mailed to you.

Other Charges

No Show - Please provide us with at least 24 hours (1 business day) advanced notice if you need to cancel or reschedule an appointment, procedure/surgery. Failure to cancel a scheduled appointment may be subject to a \$50.00 fee and failure to cancel a surgery/procedure may be subject to a \$250.00 fee.

Forms - There is a \$25.00 fee for forms (i.e. FMLA, Disability) our office is requested to complete. We require payment of the charge before returning the completed form to you. A signed Release of Information may also be necessary. Please allow 7 - 10 business days for completion.

Payment

Payment Options - We accept cash, checks, major credit/debit cards and money orders for payment (no post-dated checks or third party checks). We charge a \$40.00 NSF fee for any returned checks.

Delinquent Accounts - We allow 30 days from date of filing for an insurance company to process and/or pay a claim. Arizona law allows insurance companies operating in the state no more than 30 days to process claims. It is your responsibility to provide your insurance company with requested information needed to process a claim. We may assign an account to collections if balances are unpaid after 60 days. Patients assigned to collections may be denied additional services. Patient balances are billed immediately on receipt of your insurance company payment or receipt of Explanation of Benefits (EOB). Your remittance is due within 10 business days of your receipt of your bill.

Alternative Payment Arrangements - If you are unable to pay your balance when due, please contact our business office at 602-258-9900, option 1, to make alternative arrangements. Any patient with a past due amount may be denied additional service until the amount is paid in full or the patient is complying with an alternative payment arrangement.

Prior Bad Debt – Patients who have never satisfied their payment obligations for prior episodes of care with Arizona Associated Surgeons, will be required to pay those in full before receiving additional care.

I have read and understand the office and financial policies and agree to comply and accept the responsibility for any payment that becomes due as outlined herewith.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship to patient

Acknowledgement of Receipt of Privacy Notice and Health Information Notice

I acknowledge that I have been provided the Arizona Associated Surgeons, PLLC (“Practice”) Notice of Privacy Practices and Notice of Health Information Practices (“Notice”):

- It tells me how the Practice will use my health information for the purposes of my treatment, payment for my treatment, and the Practice’s health care operations.
- The notice explains in more detail how the Practice may use and share my information for other than treatment, payment, and healthcare operations.
- The practice will also use and share my health information as required/permitted by law.
- It tells me how the Practice will electronically share health information with the Health Information Organization (HIO).
- The notice explains in more detail how I may opt out of sharing my health information with the HIO.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship to patient