



## **Financial Policies**

**Thank you for choosing Arizona Associated Surgeons for your surgical needs. We are committed to providing you with the highest quality medical care. Maintaining a good physician-patient relationship is our primary goal. Patients are ultimately responsible for the charges associated with their care. We realize you have choices for your medical care and appreciate you choosing Arizona Associated Surgeons.**

### **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
- Ensuring there is an authorization for our providers to treat you if it is required by your insurance, including obtaining a referral
- Providing us with copies of any requested 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 \$25.00 surcharge if not paid at time of service
- Providing us with at least 48-hour advance notice should you need to cancel or reschedule an office appointment to avoid \$25.00 fee
- Providing us with at least 72-hour advance notice should you need to cancel or reschedule a procedure/surgery to avoid \$250.00 fee

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. Our office will provide written notification to you detailing anticipated charges for **your surgeon ONLY**. 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.

### **Motor Vehicle Accidents (MVA) Insured and Third Party Patients**

We do not extend discounts for MVA-insured accidents, third party insurance claims or in other cases when patients may be reimbursed in full. We will bill the MVA insurance carrier one time, the bill becomes your responsibility if not paid by the carrier in 30 days. We regret that we are not in a position to confer with attorneys or defer payment obligations while a case settles.

### **Workers' Compensation**

If your visit is work-related we will need the case number, date of injury, carrier name and phone number prior to your visit in order to bill the workers' compensation insurance carrier. If your claim is not yet accepted, we will bill your private insurance and if uninsured payment in full is expected.

### **Other Charges**

No Show - Please provide us with at least 48 hours' advance notice if you need to cancel or reschedule an office appointment. Procedure/surgery cancels require a 72 hours' notice. Failure to cancel a scheduled office appointment will be subject to a \$25.00 fee and failure to cancel a scheduled surgery/procedure will be subject to a \$250.00 fee.

**Forms**

There may be a charge associated with our completion of some forms. We require payment of the charge before returning the completed form to you. A signed Release of Information may also be necessary. Please allow 5 business days for us to complete the forms.

**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 or the patient is complying with an alternative payment arrangement.

Prior Bad Debt – Patients, who have previously 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.