PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing Arizona Spine Consultants to serve the health care needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy. Please read this document thoroughly.

Address Change. It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information. We mail billing statements.

Co-payments, Deductibles and Co-Insurance. Co-payments are collected at the time of check-in. Insurance deductibles and fees for services not covered by your insurance policy, if known, are due at the time the service is rendered. We accept cash, check and most major credit cards.

Billing If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed out monthly. Payment is expected within 10 days of receipt of your statement. Failure to Pay can lead to collections and possible dismissal from the practice

Returned checks are subject to a $25 fee and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared.

Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment may result in a charge of $25. Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments. If you must cancel an appointment please give a minimum of 24 hours' notice.

There is an administrative fee for completing forms such as leave of absence, disability etc. NO FEE FOR FMLA. Forms require 5 to 7 working days to research your information and complete the form.

Medical Records. Depending on the size of the medical record there could be a charge for medical records.

Arizona Spine Consultants contracts with many insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If your doctor is out of-network, you will be billed for the cost of care. If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.

Medicare Patients Medicare may not cover some of the services that your doctor recommends. You will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing you are responsible for payment. You must read the ABN carefully.

Outstanding balances or failure to pay co-payments upon check-in may result in being rescheduled. Prompt Payment. Payment is due at the time services are provided or upon receipt of a statement from our billing office.

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Referrals and Authorizations Please be aware of and provide any required referrals or authorizations in advance of the appointment of service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt contact your plan directly for clarification.

Refunds A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office.

Self-Pay Patients Self-pay patients should be prepared to pay at the time of each visit.

Worker's Compensation The patient must provide at time of service: a claim number, name of the carrier, the date of injury, employer at time of injury and name and number of the claim adjuster. Without this information, the patient will be held responsible for all charges, and payment will be collected at time of service.

_____ Printed name of Patient

_____ _____

Signature Date