



## **Financial Policies**

**Thank you for choosing Arizona Advanced Surgery 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 Advanced Surgery.**

## **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
- 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.

### **New Policy Effective 2021 Credit Card on File for Co-Pays/Deductibles/Co-Insurance**

You may be asked to leave a credit card on file to be run after your insurance has processed your claim for any outstanding balances, refusal to do this will result in you paying your estimated patient responsibility such as co-insurance and/or deductible amounts as required by your insurance carrier at the time of your appointment.

Your insurance company requires us to collect co-pays at time of service. Waiver of co-payments may constitute fraud under state and federal law. **Some of our Offices do not accept cash or checks but others do.** We do accept the following credit cards: Visa, Master Card, Discover and American Express. If you do not have your co-payment when you at your appointment it may be rescheduled.

### **Surgery**

If surgery is indicated, our office will either collect as a pre-payment any remaining deductible and/or co-insurance you may have prior to your surgery or you will be asked to leave a credit card on file to be run after your insurance has processed your claim. 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.

### **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, name of case worker, carrier name and phone number prior to your visit 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'** advanced notice if you need to cancel or reschedule an office appointment. **Procedure/surgery cancels** require a **72 hours'** advanced 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 \$25.00 charge associated with our completion of forms. We will require payment before returning the completed forms to you. A signed Release of Information may also be necessary. Please allow 5 business days for us to complete the forms.

**Payment Options** - We only accept the following major credit/debit cards Visa, Master Card, Discover and American Express we will accept checks as a form of payment after your Insurance has processed your claim and you receive a statement indicating you have a balance due. 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 Central Business Office at 602-649-2007 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 Advanced Surgery, will be required to pay those in full before receiving additional care.