

Mesa Family Physicians

Financial Policy

Effective March 29, 2012

Thank you for choosing Mesa Family Physicians as your primary care provider. **Please carefully read and initial by each statement and sign below.** This policy has been put in place to ensure that financial payments due are recovered to allow us to continue to provide quality medical care for our patients. It is important that we work together to assure that payment for services is as simple and straightforward as possible. Our billing department will be glad to discuss these policies with you.

1. _____ I understand that if I do not have my insurance card and/or co-payment the day of the appointment, that my appointment may be rescheduled until such time that I can provide documents or payment.
2. _____ I understand that ***Mesa Family Physicians*** does not bill third party insurance. We will bill your private insurance, or we will accept cash for the services rendered. We do not take Auto insurance, or any other third party payments and will not wait for payment from a third party.
3. _____ I understand that ***Mesa Family Physicians*** will collect, prior to any office visit, any outstanding balances for prior visits. It is expected that my account be brought current at each office visit.
4. _____ I understand that if I am paying cash for my office visits, the full balance has to be paid at the time of service. Cash patients are only offered a discount if the balance is paid in full at the time the service is rendered.
5. _____ I understand that if my account is not paid in full within 90 days, a 30% collection processing fee will be added to the outstanding balance and will be turned over to an outside collections agency. No additional appointments will be made for delinquent accounts until they are brought current and you will be required to pay cash for all future office visits.
6. _____ I understand that a \$35 service fee will be added for any checks returned for any reason and I will be responsible for payment of this fee and the amount of the returned check. NSF checks must be redeemed with certified funds (cashier's check, money order or cash).
7. _____ I understand that if I am unable to make a scheduled appointment I need to contact the office at least 24 hours before my scheduled appointment time. Due to a high demand for appointments, missed appointments prevent us from scheduling appropriately and keep others in need of care from being seen. I also understand that if I am late for my appointment, I may not be seen that day and will need to reschedule. **A \$35 fee will be assessed for all missed appointments not cancelled within at least 24-hour advanced notice.**
8. _____ ***Mesa Family Physicians*** will allow 60 days from the date of filing for my insurance company to process or pay a claim. Arizona law allows insurance companies operating in the state no more than 30 days to process claims. It is my responsibility to provide my insurance company with requested information needed to process a claim for services. It is also my responsibility to notify ***Mesa Family Physicians*** if there is any change in my insurance coverage, residence or phone number. Ultimately, it is up to me to know my insurance benefits.
9. _____ I have read the Notice of Privacy Practices and fully understand them. Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. This information is used to conduct treatment, obtain payment from third party payors, and other various uses. I acknowledge that I have received the Notice of Privacy Practices containing a complete description of the uses of my health information and how I may restrict the use of this information.
10. _____ ***I have read and understand the above Financial Policy and I agree to abide to its terms.***

Printed Name of Patient

Signature of Patient/Responsible Party

Today's Date