

Financial Policy

Our office files insurance claims as a courtesy for all of our patients. Please bring your insurance card with you and keep our office informed of all insurance changes. **If your insurance changes, please notify us immediately so that we can be sure we have the appropriate referral and eligibility verification. Payment is expected at the time of service** by cash, credit card, or money order. Patients are responsible for the appropriate deductible and co-insurance. You are **responsible** for all bills regardless of the type of insurance coverage you may have. Please contact your insurance company for any questions you have regarding coverage for our services as it is your responsibility to know your benefits. We allow 60 days for your insurance to pay. After that time, the unpaid balance may be due and payable by the patient.

You are expected to pay all charges at the time of service if:

1. You have no insurance coverage
2. Proper authorization/referral has not been received.

Should you receive payment directly from your insurance, please endorse the check and forward it to this office along with the Explanation of Benefits so that we may post it to the correct date of service.

Delinquent Accounts

1. Accounts past due will be noted and all charges must be paid in full at each visit until account is brought current
2. **Accounts past due are subject to collection.** All fees including, but not limited to collection fees, attorney fees and court fees incurred shall become your responsibility in addition to the balance due this office.

Payment

Payment may be made with cash, credit card or money order. We do **NOT** accept personal checks at AZPTC.

Personal Injury

Our office will accept personal injury cases. If we accept your case on a lien basis, lien filing fees of \$20 will be expected at the beginning of treatment. Payment for treatment is not contingent on any settlement, judgment or verdict which you may eventually recover. Lien cases will be reviewed periodically and you may be required to make payments for continued care as determined by our office. You will be notified in advance.

Verification of Benefits

Our office will verify your insurance benefits as a courtesy. This verification is not a guarantee of payment. Your insurance is a contract between you and your insurance company. You are liable for all expenses incurred whether or not the expenses are covered by your insurance. Should any expenses remain unpaid for any reason, including but not limited to insurance deductible, policy limits or exclusions, you agree to pay any amounts remaining and owed to our office.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND ACKNOWLEDGE LIABILITY FOR ALL MEDICAL EXPENSES INCURRED AND AGREE TO ABIDE BY THE TERMS OF THIS POLICY.

Patient Name (please print)

Signature (responsible party)

Date