

Mark A. Greenfield, D.O., P.C.

FINANCIAL POLICY

PATIENT NAME: (PLEASE PRINT) \_\_\_\_\_

We are committed to providing you with the best possible care, and we will be pleased to discuss our professional fees with you. Your clear understanding of our Financial Policy is important to our professional relationship. As this is a specialty medical practice, some office services are considered surgical procedures by your insurance carrier. Please speak with a billing representative if you have any questions about our fees, financial policy, or your responsibility. Billing Office: 602-298-1188.

All patients must complete our Patient Information form before seeing the doctor for the first time. In addition to furnishing your insurance information, we will need copies of your insurance card(s) and driver's license. You will also be required to furnish your social security number. It is important you understand that your insurance coverage is a contract between you and your insurance company, and we are not a party to this contract. Please verify your insurance coverage for our services.

As a courtesy to our patients, we will bill your primary insurance company one time; however, you are financially responsible regardless of insurance coverage. Depending on your insurance plan, we may not bill you until after we receive payment from your insurance. You are responsible for the timely payment of your account, although we will help you as much as possible. Also, it may become necessary for you, the patient, to follow up with your health insurance company in the event your claim is not paid in a timely manner after submission.

You are required to pay all deductibles and/or co-pays at the time of your visit. It is unlawful for this office to waive any co-payments or deductible amounts due. Payment is required in full at the time of your visit if you do not have insurance coverage, if you choose to file your own insurance, or your insurance company sends payment directly to you.

**PPO'S & HMO'S:** If your insurance plan is one of our contracted insurance plans (PPO or HMO), you are required by your insurance plan to pay your co-payment at every visit. Once the insurance payment has been received, you will be sent a statement for any deductible, co-insurance and specific exclusions your policy may have. This balance is due and payable within 30 days, unless prior arrangements have been made. However, ALL applicable deductibles are payable prior to surgery. Also, please note that prior authorization, pre-certification, or a referral is not a guarantee for payment. While our office will assist in obtaining the appropriate referral or authorization, it is your responsibility to ensure all requirements of your plan have been met. If your plan is a plan this office is not contracted with, you will be responsible for all fees at the time of service, unless prior arrangements have been made.

**AHCCCS:** We are not contracted with any AHCCCS plans. Thus, we cannot initiate treatment or bill for services to any AHCCCS member.

**MEDICARE:** We are a participating Medicare provider. You are only responsible for your annual deductible plus 20% of the allowed amounts, due at the time of service, unless you have a supplemental Medicare policy. Please understand federal law requires us to collect any deductible and 20% of allowable fees. We are able to file most Medicare supplements for you; however, some companies will not pay us directly. In those cases, we appreciate your payment immediately following Medicare's payment.

**MOTOR VEHICLE ACCIDENTS:** As a courtesy, we will bill your health insurance. If we bill your health insurance and it is one of the contracted insurance plans (PPO/HMO) this office participates with, there may be a difference between what we bill and what the insurance company allows. Many plans (PPO/HMO) will allow us to collect our full fees instead of the discounted fees when there is a third party claim. In these cases, we will bill you the balance once your health insurance has paid; payment is due and payable within 30 days. If you only have auto insurance, payment is due at time of service and our office will provide you with the information needed for you to file your claim. Attorney liens will be considered on an individual basis. Please see a billing representative for further details.

**WORKER'S COMPENSATION:** If you are covered under Worker's Compensation, you must provide us with your claim number (if available), employer information and insurance information necessary for us to bill your claim. If your claim has been denied or closed, you will be responsible for payment until your claim is accepted or re-opened.

**COLLECTIONS/BAD DEBT:** If your account is placed with a collection agency, you and your immediate family may be dismissed as patients from our office. If for any reason, you are unable to settle your account balance within 60 days, it is imperative that you contact our business office immediately to avoid being placed with a collection agency. In the event your account is turned over for collection, you will be responsible for all collection and court costs. Collection fees are at least 33.3% of the total amount collected.

**LAB, X-RAY & ANCILLARY SERVICES:** If it is necessary for us to refer you for laboratory tests, x-rays, MRI'S, CT scans, EMG'S, IV antibiotics, physical therapy, etc., you will be billed directly by the facility providing those services. If your insurance company requires you go to a particular facility for any ancillary services, please let us know.

*This Financial Policy is a communication tool and our commitment to assist you to the best of our ability. If you have special needs or concerns, please bring them to our attention immediately. Please advise us if your insurance company has pre-certification and/or prior authorization requirements and/or policy restrictions and limitations.*

For our mutual benefit, a copy of this form will be retained in your record.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Print Please)