

## FINANCIAL POLICY

Please sign below. You may request a copy for your records.

Thank you for choosing our office. We are committed to the success of your medical treatment and care. We want you to completely understand our financial policies. Please read carefully. Please contact our business office with any questions at (520) 829-6305.



5240 E. KNIGHT DR. SUITE 116  
TUCSON, AZ 85712  
520-320-5665

The patient's insurance policy is a contract between the patient and the insurance company. It's important for the patient to understand their benefits. If we participate in the patient's health plan, applicable **co-payments are due at the time of the visit** and all covered services are billed to the health plan.

If the patient is paying for their own healthcare or has a health plan we do not participate in, **we ask the responsible party to pay the fee for service in full at the time of the visit.**

If the patient has a Medicare only plan, payment for 20% not covered is requested at the time of the visit.

Any service our physicians provide the patient that is deemed a "non-covered service" by the health plan will be the patient's responsibility to pay.

**If the patient's insurance changes in any way during the treatment, it is the patient's responsibility to notify our office at (520) 320-5665 at the earliest opportunity.**

Any past due accounts will need to be resolved with our business office **before the patient's next appointment.**

All patients who reside outside the United States are required to pay cash for the entire service provided by the physician at the time of the visit.

If the patient's health plan requires a referral from the Primary Care Physician (PCP), it is the patient's responsibility to obtain the referral. If the referral is not at our office at the patient's appointment, the appointment will be rescheduled.

Secondary insurance claims are filed as a courtesy and become the responsibility of the patient if payment is not received within 30 days of filing the claim.

**All patient account balances 30 days past due will incur a 3% interest charge on the remaining balance.**

Acceptable methods of payment are cash, check, money order, Visa, Mastercard, AmEx.

At the time of the patient's office visit, **if the responsible party for the patient is not prepared to pay the co-pay or co-insurance, the appointment will be rescheduled.**

### OTHER FEES:

- Delinquent accounts will be assigned to a collection agency or attorney. The responsible party for the patient will be liable for the collection fees and court costs.
- Dishonored checks will be charged back to the patient's account with a service fee of \$40 per form.
- If you are not able to attend your appointment, please cancel at least 2 business days before the scheduled time to avoid a \$25.00 cancellation fee, assessed to the patient's account. This also applies to missed appointments.
- Disability/FMLA paperwork can be completed by your surgeon after your surgery for a \$40 fee.

Our business office is available to meet in person or can be contacted at (520) 829-6305 with any concerns.

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By signing, I agree that I have read and understand Agave Surgical Associates' Financial Policy. All my questions have been answered and I agree to be bound by these terms. I also understand such terms may be amended by the practice from time to time, with notification from the practice.

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Patient or Party Responsible for Patient

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Today's Date