



Financial Policy

Thank you for selecting Arizona Advanced Surgery as your healthcare provider. Our commitment to you extends beyond medical treatment; we aim to cultivate a successful partnership between physician and patient. Your comprehension and compliance with our Practice Financial Policy plays a crucial role in this collaboration. This document addresses common inquiries regarding our financial procedures. We appreciate your trust in Arizona Advanced Surgery and look forward to providing you with exceptional care.

Patient Responsibilities

To ensure a smooth and efficient experience, we kindly request your assistance with the following:

- **Providing Documentation:** Please furnish us with your picture identification, insurance card(s), and Social Security number to facilitate the timely and accurate submission of your claims.
- **Understanding Insurance Coverage:** Familiarize yourself with your insurance benefits and limitations. Prior to your visit, we encourage you to reach out to your employer or insurance provider to verify your coverage and your network status.
- **Securing Referrals and Pre-Authorization:** If your insurance necessitates a referral or prior authorization, it is imperative to obtain the referral from your primary care provider or pre-authorization from your insurance carrier before your visit. Please be aware that without a referral or pre-authorization, your visit will not be covered and may be rescheduled.
- **Payment Obligations:** Promptly pay your estimated portion of charges at the time of service, as well as any additional amounts owed by their due dates. For surgical procedures, all estimated copayments, deductibles, or coinsurance amounts must be settled prior to surgery. Please note that co-payments, coinsurance, and deductibles are contractual agreements between you and your insurance carrier. We are unable to modify, negotiate, or waive these amounts.
- **Providing Medical Records:** Furnish us with copies of any requested medical records, including tests and x-rays, to facilitate comprehensive care.
- **Appointment Etiquette:** Cancellations within 48 hours of an appointment and failure to show up for your appointment may be subject to a \$25 fee. Cancellations within 72 hours of surgery may be subject to a \$250 fee.
- **Understanding Financial Policies:** Ensure a thorough understanding of our financial policy. Please feel free to reach out to our office with any questions you may have.

Your cooperation in adhering to these responsibilities is greatly appreciated and contributes to the efficiency and effectiveness of your care.

Insured Patients

For our patients' convenience, we participate in most major health plans and maintain contracts with numerous HMOs, PPOs, insurance companies, and government agencies, including Medicare and Medicaid (AHCCCS). Our business office will submit claims for services rendered to patients covered by these plans and will assist you as much as possible in ensuring your claims are paid.

Patients are responsible for providing all necessary information at the time of scheduling their appointment. If you have secondary insurance, we will automatically file a claim with them once the primary carrier has made a payment. Please note that your insurance company may require you to supply certain information directly, and it is your responsibility to comply with their requests.

Referral/ Pre-Authorization

If your insurance plan requires a referral authorization from your primary care physician or a pre-authorization from your insurance, you will need to contact your primary care physician or insurance company to be sure it has been obtained. If we have yet to receive authorization prior to your appointment time, your visit may be rescheduled. Failure to obtain the referral or preauthorization may result in no payment from the insurance company, and the balance will become the patient's responsibility.

Surgery

If surgery is indicated, our office will review your insurance benefits, obtain any necessary prior authorization, and estimate any deductible and/or co-insurance amounts you may owe. You will be asked to pay these fees prior to your surgery. Your out-of-pocket costs are estimated based on your benefits and our fees. Please note that anesthesia, facility, and other provider fees are separate.

Our office will notify you of the anticipated charges for your surgeon only. This is an estimate, and changes during surgery or other factors during claims processing may impact your final cost. Should additional balances occur during claims processing, a billing statement will be sent to you. 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 offer discounts for motor vehicle accident (MVA) claims, third-party insurance claims, or any cases where patients may receive full reimbursement. We will bill the MVA insurance carrier once; however, if the carrier does not pay within 30 days, the bill will become your responsibility.

Workers' Compensation

If your visit is work-related, we require the case number, date of injury, case worker's name, carrier name, and phone number prior to your visit in order to bill the workers' compensation

insurance carrier. If your claim has not yet been accepted, we will bill your private insurance. If you are uninsured, payment in full is expected.

No Show and Reschedule Policy

Please provide at least 48 hours' notice if you need to cancel or reschedule an office appointment. For procedures or surgeries, a minimum of 72 hours' notice is required. Failure to cancel or reschedule an office appointment within 48 hours will result in a \$25.00 fee, and failure to cancel or reschedule a surgery or procedure within 72 hours will result in a \$250.00 fee.

Forms

There may be a \$25.00 fee for the completion of forms such as FMLA and short-term disability. Payment is required before the completed forms are returned 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 accept Visa, MasterCard, Discover, and American Express for payment. Some locations may have the ability to accept cash, checks, or cashier's checks. For further information, kindly consult the front office staff. Please be advised that a \$35.00 NSF fee will be charged for any returned checks.

Delinquent Accounts

We adhere to a 30-day period from the date of filing for an insurance company to process and/or pay a claim, in line with Arizona law which stipulates a maximum processing time of 30 days for insurance companies operating within the state. It is incumbent upon you to provide your insurance company with any requested information necessary for the processing of your claim.

Patient balances are promptly invoiced upon receipt of payment from your insurance company or Explanation of Benefits (EOB). Your payment is expected within 10 business days of receiving your bill. Accounts with unpaid balances after 90 days may be forwarded to collections.

Should you encounter difficulty in meeting payment obligations, we encourage you to contact our Central Business Office at 602-649-2007 to discuss alternative arrangements. Please note that any patient with a past due amount or in collections may face denial of additional services until the outstanding balance is settled or a mutually agreed-upon alternative payment arrangement is established.



Financial Policy Acknowledgment:

Patient Name: _____ **Date of Birth:** _____

By initialing, you confirm that you understand and accept that you, as the patient, are ultimately responsible for all charges related to your care.

Initial: _____

Appointment Cancellation/No-Show Policy:

1. Office Appointments:

If you do not provide at least 48 hours' notice prior to canceling or rescheduling an office appointment, you will be charged a \$25 cancellation/no-show fee.

Initial: _____

2. Scheduled Surgeries:

If you do not provide at least 72 hours' notice prior to canceling or rescheduling a surgery, you will be charged a \$250 cancellation/no-show fee.

Initial: _____

To access our financial policy, please visit our website at ArizonaAdvancedSurgery.com
Or call the office to have a copy sent to you.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____