



## Patient Payment Policy

**Thank you for choosing our practice!** We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

**How May I Pay?:** We accept payment by cash, check, VISA, Mastercard, American Express and Discover Card.

**Do I Need A Referral?:** If you have an HMO or managed care plan with which we are contracted or you expect to provide you coverage, AZPS must have a referral from your primary care doctor in order to begin care. If we have not received a referral before you arrive at the office, we have a telephone available for you to call your provider to get the referral. If you are unable to obtain the referral at that time, we will need to reschedule your visit.

**What Is My Financial Responsibility for Services?:** If you are unsure of your financial responsibility, please call your insurance company and verify your benefits before you arrive at the office.

If You Have...	You Are Responsible For...	Our Staff Will...
A Third-Party Insurance Carrier	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No Insurance/Self Pay  Surgical Deposits	A discount will be provided for payment in full at time of service.  Determined by your outstanding Deductible. All Self Pay must PIF prior to surgical procedure.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.
Paperwork or Forms to be Completed by Our Office	\$25 Charge must be paid in advance.	Please allow 14 business days to completion.
Missed appointment/clinic visit without cancelling  Missed procedure or surgery without cancelling	We reserve the right to charge a \$25 Fee. Time is reserved for your appointment and a great deal of preparation has gone into making your experience as pleasant as possible. <u>If charged, this must be paid by you before you can be rescheduled.</u>  We reserve the right to charge a \$200 Fee. Time is reserved for your appointment and a great deal of preparation has gone into your planned care. <u>This must be paid by you before you can be rescheduled.</u>	Inform you of this policy when scheduling.
COPAYS or deductibles and/or out-of-pocket expenses that have not been met	Copay or balances due must be paid for continued services that are not within a post operative period.	Inform you of this policy upon initial visit.
<b>Notifications of Balance Due:</b> By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize Arizona Precision Spine to notify me of my financial responsibility or balance due. I understand that I also have the option to receive statement notifications by text and email, and if I opt out of these methods, it is my responsibility to ensure a correct mailing address is on file. Furthermore, stating that I did not receive a statement by mail is not a valid reason for non payment.		
<b>Auto Payment Collection Telephone Consumer Protection Act (TCPA):</b> I agree that the facility, Arizona Precision Spine PLLC and John Hall, MD, or any other ATTORNEY, collection or servicing agency or agencies retained by the facility (together referred to hereafter as "collectors") to collect any money that I owe to the facility can contact me using the information associated with my account, including but not limited to, cellular/wireless telephone numbers. I also understand that I may be charge additional fees related to court filings and attorney fees.		



**What if I need Surgery?** If your physician recommends surgery, you will be contacted by our Surgery Scheduler. He/she will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The Surgery Scheduler will notify our Medical Biller to contact you regarding a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained by the Medical Biller. This policy does not apply to VA, Medicare, or Medicaid covered patients.

**What if My Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages. We do not split statements or billing for separated/divorced guardians. Young adults 18 years and older are legally responsible for their care and billing, even when the policy is under a parent. We must be provided with a valid personal mailing address.

We look forward to providing you with quality care and an excellent experience. Thank you for trusting our team with your care.

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I have read, understand, and agree to the above Patient Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

A \$50.00 fee will be added to unpaid balances that are sent to collections.

A \$35.00 fee will be added to accounts with an NFS check return.

I authorize my insurance benefits be paid directly to Arizona Precision Spine, PLLC.

I authorize Arizona Precision Spine to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

**You will e-sign or hand-sign this document upon your initial visit  
and annual acknowledgement at AZPS.**

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**Date**

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**Signature**

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**Printed Name**

**E-mail (for secure messaging)** \_\_\_\_\_