

Financial/Office Policies

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.

For your convenience, we have answered a variety of commonly asked financial and office policy questions below. If you need further information about any of these policies, please contact our billing service. **Here is the name and contact information of our billing service:**

Billing WRx, LLC
2929 N. Power Road, Suite 101
Mesa, AZ 85215
Phone: 480-339-3934 Fax: 480-772-4915

How May I Pay?

We accept payment by cash, check, VISA, Mastercard, and Discover.

What Is My Financial Responsibility for Services?

You will be financially responsible for all copays and/or deductibles at the time of service, depending on the type of insurance plan you have. If you do not have insurance, payment in full is due at the time of service.

What if my insurance doesn't pay?

It is your responsibility to know what is covered and what is not covered by your insurance plan. If your insurance chooses not to pay Prescott Cardiology for whatever reason or they choose to delay payment, YOU will be responsible for payment. If payment is not received from your insurance company within 60 days you will become responsible for the outstanding balance.

What if my account becomes delinquent?

Patients will be sent one statement at no charge. Any additional statements will incur a \$10.00 statement generation fee.

Delinquent accounts will be sent to our collection agency for recovery. If your account is sent to our collection agency, you will be responsible for all fees incurred from the collection agency.

What if I write a check that is returned to your office unpaid?

Our returned check fee is \$30.00. If more than one returned check is received on your account, we will require that future payments be made by cash, cashier's check or credit card. If you do not bring

in payment for the check and returned check fee the check will be filed with the District Attorney's office for collection. All fees incurred in the filing will be your responsibility as well.

What if I need a form completed by the office or physician?

Our physicians do not complete government or other types of forms on behalf of patients. Please check with your primary care provider for the completion of forms.

What if I need a copy of my medical records?

We require a signed medical records release before processing any records requests. As a courtesy to our patients, we will provide you with up to two (2) copies per year of your complete medical chart. If additional requests are made by the patient, all additional requests within that year for medical records will incur a fee. There will be a fee of \$25.00 for the first 20 pages and 50 cents for each additional page. These will be processed within 15 business days after receipt of the signed request.

What happens if I am late to my appointment or I fail to show up?

We recognize that patients may need to cancel or change an appointment but request that they provide at least 24 hours notice so we may offer their appointed time to another patient.

If you arrive over 15 minutes late to your appointment you may be asked to reschedule as this delay affects not only the physician, but other patients that are scheduled after you.

For office visits, depending on the circumstances, there may be a \$25.00 charge for NO SHOW patients or patients who cancel their appointment less than 24 hours in advance, as these appointment times could have been given to a patient(s) in need.

If neglecting to show up to your appointment begins to be a pattern, the physician may discharge you from the practice.

What if I need a prescription refilled?

If you are calling for a prescription refill you **must** contact your pharmacy unless the prescription is one which, by law, must be picked up from our office. Only prescription refill requests from a pharmacy will be honored. You must allow at least forty-eight (48) hours for all refill requests to be processed

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.

Please remember that when you receive billing statements you have already received quality care from our physicians and your insurance billing paperwork has been completed by us. We would then ask that you pay promptly upon receiving your statement.

Please feel free to contact our business office if you have any questions regarding your statement or insurance. We are happy to answer your questions or to provide additional information.

Notice to all Medicare Patients

Prescott Cardiology is a participating provider with Medicare. Prescott Cardiology has agreed to accept assignment on all Medicare claims. This means that they will accept Medicare's approved amount (which is the 80% that Medicare pays plus the 20% patient co-insurance) as payment in full for all covered services.

The patient or the patient's secondary insurer is still responsible for the 20% co-insurance and annual deductible, but the physician will not bill the patient for amounts in excess of the Medicare allowance.

By my signature below, please note that I understand the above and I authorize my Medicare benefits to be paid directly to Prescott Cardiology for services provided.

PATIENT ACKNOWLEDGEMENT

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. Further, I authorize my insurance benefits be paid directly to Prescott Cardiology.

PLEASE PRINT YOUR NAME

PATIENT SIGNATURE or AUTHORIZED REPRESENTATIVE

DATE