



## FHPIM Financial Policy

We are doing everything possible to hold down the cost of your medical care and provide good service. We appreciate your cooperation in this matter!

### All Payments Are Expected at the Time of Service

- Co-payments and self-payments are required at the time service. Fountain Hills Pediatrics and Internal Medicine accepts cash, VISA and MasterCard. We do not accept personal checks. If an exception is made, there is a **\$25.00 service charge for returned checks.**

### Insurance

- We need updated Insurance information and card at every visit. If there is non-payment due to incorrect information or lapse/change of current insurance, you will be responsible for all charges.
- We bill participating insurance companies and your secondary insurance but cannot guarantee coverage of services
- Please know your level of insurance coverage before your visit. Our provider cannot change the bill to your insurance with different codes. For example, some patients do not have benefits for mental health or physicals. We cannot change any documentation after it has been entered and signed in your electronic chart.
- Patients are responsible for :
  - verifying with your insurance companies your full coverage and benefits
  - insuring that our providers are In-Network
  - verifying all charges not covered by your insurance, deductibles or out of network charges
  - verifying laboratory/radiology services and location – we use Sonora Quest; please notify us if you need to use another lab ahead of time
  - If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from our office before seeing a specialist. This is the patient's responsibility to ensure a referral has been faxed. No retroactive referrals will be given.

### Billing

- If you need assistance or have any billing questions, please contact the Billing Department @ 1-877-638-3629

### No-Show Appointments/Late Cancellations:

- Missed appointments represent a loss to other patients who could have been seen in the time set aside for you
- Cancellations are requested 24 hours prior to the appointment
- You will be charged **\$25.00 for no-show or late-canceled appointments**
- Excessive abuse of scheduled appointments may result in discharge from the practice

### Medical Record/Forms Fee

- There is a **\$25.00 fee for obtaining a copy of your medical records.**
- We prefer you make an office visit if you need medical forms filled out. If you choose not to make an appointment, there is a **\$40.00 fee to fill out any and all forms.**

### Phone Charges

- If you request for the provider to call you back to provide medical services and advice over the phone, you will be assessed a phone charge which will be billed to your insurance. If charges are not covered by your insurance, you will be responsible for payment.

I have read and understand the FHPIM Financial Policy. I agree to assign insurance benefits to FHPIM whenever necessary. I also agree that if it became necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of insured or authorized representative \_\_\_\_\_ Date: \_\_\_\_\_