

East Valley Children's Center
3200 S. George Dr, Tempe, AZ 85282
(480) 839-9097

Office Financial Policy

This is a guideline established for our patients to reduce any confusion in regards to our fees and billing practices. We strive to deliver quality care at an affordable cost to our patients. Our office visit charge includes not only your visit to our office but the fee includes: Access by phone during office hours, access to our provider on call after hours, and for prescription refills and test results. Our practice is to accept payment at time of service. The following has been established to personal and third party (insurance) payers.

PPO/HMO/POS: These plans vary with each individual. All patients are responsible for their copayments, deductibles, and past due balances **at the time of service**. We file the insurance claim to your **primary** PPO/HMO/POS plans we participate with as a courtesy to you. In no way does this release you from any responsibility. Patients with deductibles are required to pay \$95.00 for a New Patient Exam and \$65.00 each visit thereafter until your deductible has been met.. We make every attempt to collect the correct amount from our patients at the time of service. There will be circumstances where we have not collected the correct amount and will either request additional payment or credit your account for future appointments or make a refund to you. If additional payment is required, a statement will be sent to you reflecting the total charges, the total amount paid, and the balance owed by you. In the event that a claim comes back to us denied by your insurance company, you are immediately responsible for your debt and receipt is expected 10 days after you receive a statement.

For our patient's convenience we will file the claims and allow 30 days for your insurance carrier to make payment. In the event that we have not heard from them, we will submit the claim a second time for processing, if we have had no response after 90 days total, then the debt will become your responsibility. You will be asked to contact your carrier and be required to make payment in full for the services rendered. If your insurance pays us at a later date, we will refund the overpayment to you.

No Insurance: For those patients who do not have insurance coverage, we do not wish to create financial hardship for you. We will expect payment at time of service for all new patients. Once you have established a member of your family as a patient, our billing department will be happy to sit down and discuss your payment options.

No Shows and After Hours Visits: We may charge for no-shows that are not cancelled 24 hours in advance. A \$20.00 fee applies to Sick visits and a \$40.00 fee applies to Preventative/Chronic services. If you require an appointment after hours (5:00 p.m. or after, Monday-Friday, or a Saturday visit) a fee of \$40.00 will apply. This is the patient's responsibility at the time of service and **will not be** billed to your insurance company.

Forms/Medical Record Retrieval & Copying/Account Reactivation Fees: We reserve the right to charge for any forms/paperwork, retrieval of your medical records or the copying of records for the patient, and a reactivation fee if you have been previously discharged or have reestablished care with the practice. We accept cash, checks, Visa, MasterCard, Discover or American Express as means of payment.

Please remember to bring your payment because we are collecting at the time services are rendered. If you do not have your payment, you may be asked to reschedule the appointment when you are able to pay for the visit. This payment is only an estimate of what you owe. If we overcharged you, we will refund you. If we underestimated the charges, you will receive a statement from our office showing the difference. We will not hold any form of payment at time of the visit to deposit at a later time.

If you have any further questions or concerns regarding our fees, do not hesitate to ask. You may speak directly with our billing department. They will answer any questions you may have.

Billing Department: (480) 839-9097 EXT 445

Patient Signature (If Minor Responsible Party)

Date