

PATIENT FINANCIAL POLICY

You will be responsible for payment of all services if any of the following circumstances apply:

- If you do not have insurance or failed to notify us that your insurance has terminated or changed;
- If you do not have a referral and/or authorization when required and have elected to be seen;
- If you are with an insurance company we are not contracted with; or,
- If a claim denial from the insurance company, for any reason, is not able to be resolved.

Valid Insurance: Insurance companies require submission of all claims within specified time limits. If you have changes in your insurance, and you fail to inform us of the change, we may not be aware until your insurance company denies a claim. Denials often arrive after a filing limit has expired, preventing us from re-filing the claim with another insurance company. To limit the charges that you may be responsible for, please ensure that we always have up-to-date information regarding insurance coverage.

Referrals: If your plan requires a referral from your primary care physician, it is **YOUR** responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If your plan requires a referral and you do not obtain one, you will be held responsible for the visit charges in full at the time of service.

Coverage: Every attempt is made to know and comply with insurance company requirements. Since policies, benefits and plans differ among employers and individuals participating with each insurance company, we are unable to know the specifics of your policy. **It is ultimately YOUR responsibility to verify with your insurance plan benefits prior to having any services rendered. Please be sure you have checked with your insurance company to ensure Enticare is a contracted provider with your plan.**

Any and all face-to-face encounters with an Enticare provider qualifies as an office visit and will result in a claim submission to your insurance carrier. Co-payment, co-insurance and deductible amounts will apply and are the responsibility of the patient.

Disputes: Co-payment, co-insurance, and deductible amounts **MUST** be paid at the time of service. Any account balances will also be collected at the time of your visit. Any unpaid or disputed balances must be resolved within 90 days from the date of service. Enticare PC reserves the right to turn accounts over to a third party collection agency after 90 days. The responsible party or guarantor of this account will be responsible for all collection fees, legal fees, and any other fees associated with the account. If you have any questions please contact Enticare PC Billing Department at (480) 214-9000.

A \$40.00 fee will be applied to all returned checks or disputed credit card transactions.

Medical Records: A fee of \$1.00 per page up to \$25.00 will be charged to patients requesting medical records for personal use, disability or non-surgical reasons. A records request form must be signed and received by Enticare PC before any records are disbursed per HIPAA. Please allow up to 14 business days.

No Show / Late Cancel of Appointments: Effective January 01, 2014 there will be a **\$25.00 no show fee** charged for no shows and/or for canceled appointments with less than 24 hour notice for clinic. (AHCCCS patients will be billed \$25.00 per ARS 36-2930.01). There will be a **\$150.00 fee** charged for no shows and/or for canceled appointments with less than 72 hours for surgeries, sleep studies, hearing tests and allergy tests. Patients will also be discharged from Practice after 3 no shows.

Termination from Practice: Enticare PC Providers reserve the right to terminate provider/patient relationship to patients whom are not compliant with the following:

- Repeated refusal to undergo agreed upon treatments or follow treatment advice;
- Does not comply with office policies;
- Refuses to cooperate with staff or colleagues;
- Repeatedly disputes fees that are fair and are consistent with the services provided;
- Displays threatening, hostile attitude or behavior to physicians or staff;
- Continues to abuse prescription drugs or controlled substances after physician intervention;
- Refuses to pay outstanding balances;
- 3 no-shows or other non-compliance that interferes or jeopardizes patient treatment and/or safety;
- Breakdown of communication with patient and/or family resulting in a lack of trust that makes it medically impossible to treat the patient

By signing this form, you agree to all the information listed above, authorize the release of any medical information necessary to process your claims and authorize payment of medical benefits to Enticare PC, or supplier for services rendered.

Signature of Patient, Parent, or Legal Guardian

Print Name

Date