

FINANCIAL POLICY

Effective as of September 1, 2010

Co-Pays: Co-pays will be collected at the time of checkout for all office visits. It is your responsibility to let us know if you have a co-pay.

Medicare Patients: If you have Medicare without a secondary insurance, you are required to pay your 20% co-insurance at the time of service for office visits and/or procedures. If surgery needs to be scheduled, your co-insurance will be required prior to scheduling surgery. Our billing department will go over charges with you. You are also responsible for your deductible.

Insurance Plans: We are contracted with many insurance plans but it is ultimately your responsibility to verify your insurance benefits and that our surgeons are participating providers in your plan.

Social Security Numbers: We require a social security number from every patient. If you do not wish to give us your social security number we will accept a valid credit card number and/or cash payments for services rendered.

Self-paying Patients: If you do not have health insurance, you are required to bring \$100.00 for your initial consultation. Your total charges for your visit may be more than \$100.00 and you will be responsible for the remaining balance. If the charges are less than \$100.00 you will be reimbursed the difference. If surgery needs to be scheduled, we require that you pay 50% of your total charges before your surgery will be scheduled. You will also be required to sign a payment agreement for the remaining 50%. If you elect to pay the entire bill before your operation, you will receive a 25% discount (inclusive of office visit charges).

Monthly Payment Agreement: As a courtesy to our patients, we offer monthly payment agreement plans. If you would like to make monthly payments on your account, you must sign an agreement. If you are paying monthly, you will also need to provide a credit card number that will be charged in the event that a payment is missed. Our Billing Department will work with you on an individual basis to work out a payment plan that will fit your needs.

Fees: A \$15.00 fee will be charged for any late payments if your payment is not received by the 25th of any given month. A \$25 fee will be charged for any bad checks and/or declined credit cards. All bad checks will be reported to Yavapai County's Bad Check Program. A 40% service fee will be added to any balance that is turned over to our Collection Agency.

Collections/Small Claims Court: For any account that is inactive for at least 2 consecutive months, Northern Arizona Vein Center/Southwest Surgery may use further collecting methods (i.e. Collection Agency or Small Claims Court).

I have read and understand Northern Arizona Vein Center's Financial Policy. I understand that my failure to verify my insurance coverage and benefits may result in additional out of pocket expenses.

Print Responsible Party's Name

Signature of Responsible Party

Date