

Arizona Community Surgeons, P.C. is committed to providing comprehensive, compassionate and expert surgical care for our patients, without compromise. Our fee schedules are representative of the usual and customary charges for this area. There are many different insurance plans and within each of those plans, there are different benefits according to each person's type of coverage. It is extremely important that you understand exactly what your benefits are when you access health care services. Please take the time to read the policies below and check with your insurance provider if you have any questions about your coverage.

Be familiar with your insurance benefits and how to access care to maximize your coverage and minimize unnecessary out-of-pocket expenses for care that is covered when all patient responsibilities are observed.

Patients with Insurance: Insurance cards must be presented at time of check in at every visit. We also ask for some form of government photo identification (such as a driver's license or passport) to confirm your identity. This is to protect your benefits so that no one else may fraudulently access your health insurance. As our participation with insurance plans changes occasionally, it is your responsibility to call your insurance company before each appointment to verify we still accept your plan. Copayments will be collected at check in prior to your visit with the doctor. If you are not prepared to pay your copay at check in, and it is a non-urgent appointment, we reserve the right to reschedule your appointment. **Please be advised that your insurance company may determine that you are also responsible to pay more than the office copay if the surgeon performs certain diagnostic or therapeutic procedures in the office during your visit, depending upon your insurance benefits.** Some examples are injections, excision of lesions, biopsies, fracture care, anoscopies, x-rays or ultrasounds and DME equipment. We may request a deposit for these procedures if it appears you will bear additional financial responsibility based on your plan, but we will not know your exact responsibility until after the insurance company has processed your claim. Also, if you are seeing one of our providers out-of-network, some or all of the office visit charges may become your responsibility according to the terms of your insurance coverage.

Patients with Medicare: Medicare will cover 80% of their allowable charges; you will be responsible for the remaining 20% plus any applicable deductible. Non-covered medical charges are also your responsibility. You will be notified of those services that may not be a Medicare covered benefit in advance and be allowed to decline those services. In these circumstances, you will be asked to sign an Advanced Beneficiary Notice (ABN) that describes the service(s) the doctor is recommending that may not be covered by Medicare. If you have secondary insurance we will be happy to bill them on your behalf. If your secondary insurance does not pay within 60 days the balance becomes your responsibility.

Medicare Replacement Plans: Many patients that qualify for Medicare have chosen to sign up for a Medicare Replacement Plan, which functions as an HMO. Some of these plans are: Pacific Care Senior Horizons, United Healthcare Medicare Complete, and Health Net Medicare, to name a few. If you have one of these plans, you do NOT have Medicare; you have a Medicare Replacement Plan. This is an important difference because each of these plans has different requirements for how you access your health care – which doctors you can see and which hospitals you can use, for example. Please make sure you know your benefits and your responsibilities with these plans. These plans typically have a copay, which will be collected at check in for each appointment.

Insurance Referrals and Authorizations: Many Medicare Replacement Plans and HMO insurance plans require a referral from your Primary Care Provider (PCP) to cover most specialist services. If you do not have the appropriate referral or authorization, you will be responsible for the cost of your services. Please check with your insurance company or PCP to confirm that you have the correct referral or authorization for each visit.

Private Pay and Patients without Insurance: Payment is due at time of service. If you require surgery, prepayment arrangements can be made with our Billing Office.

Patients with Worker's Compensation: You may be covered by insurance if your injury is work related and verified by your employer. You are responsible for providing billing information from your employer's industrial insurance. You are ultimately responsible for the balance for any services not covered by your employer's insurance.

Personal Injury (Accident): Our office will bill the appropriate insurance company. If we are unable to obtain payment after 60 days, the charges will become your responsibility. (This does NOT include motor vehicle accidents; see below.)

Motor Vehicle Accidents: Arizona Community Surgeons, P.C. does not do third party billing of auto insurance, therefore care related to motor vehicle accidents is treated as "private pay" and is the patient's responsibility. We will provide you with documentation that you can submit to your insurance company and/or attorney for reimbursement.

Returned Checks: There is a \$35 fee for every check that is returned from the bank unpaid for any reason.

Forms Completion/Medical Records: There is a \$25 fee for the completion of disability and FMLA forms, payable at the time they are requested. There may also be a charge for other forms and letters, according to the complexity and time required to prepare them. There is no charge for medical records that are sent to another physician for continuing care. Patients have the right to request their own medical records in electronic or printed form, with no charge.

Assignment of Benefits: I, the patient, assign the benefits from the insurance carrier(s) to Arizona Community Surgeons, P.C. for the medical/surgical services for which I am entitled.

Release of Information: I authorize Arizona Community Surgeons, P.C. to release and/or request any information needed to determine benefits or benefits payable for related services.

Patient Responsibility: I understand that I am responsible for advising Arizona Community Surgeons, P.C. of any changes to my address, phone number, insurance plan, payor or coverage.

ALL PATIENTS MUST COMPLETE AND SIGN THIS PAYMENT POLICY, ASSIGNMENT AND RELEASE OF INFORMATION AGREEMENT WITH THE PATIENT REGISTRATION FORM PRIOR TO RECEIVING CARE BY AN ARIZONA COMMUNITY SURGEONS, P.C. PROVIDER.

I have read and agree to this Payment Policy, Assignment and Release of Information paragraphs stated above.

Patient or Responsible Party Signature

Date

Duplicates of this release and assignment are as valid as the original.

If you have any questions about the Arizona Community Surgeons, P.C. payment and financial policies, please call our Billing Office at (520) 750-7160.