



ARIZONA ORTHOPAEDIC ASSOCIATES

A T G A T E W A Y

Patient Financial Policy

Patient: _____

Account# _____

Thank you for choosing Arizona Orthopaedic Associates at Gateway to provide your orthopaedic care! Please understand that our credit and collection policies are a necessary part of assuring the financial resources required to provide quality medical care for our patients and community. It is important that we work together to assure reimbursement for services is simple and straight forward. Our practice manager will be glad to discuss these policies with you should you desire.

1. Co-pay, co-insurance, and deductibles are due and payable at time of service. Except Medicare, and contracted care patients, who will be billed after insurance determines the patient responsibility.

2. We will file insurance provided we have complete information and appropriate releases. Insurance claims are automatically mailed or submitted electronically within a few days of **each** visit. Should you wish to file your own insurance, full payment will be required at each visit.

We allow 60 days (from date of filing) for insurance to process or pay your claim. **If the insurance payment is not received in that time, full responsibility for payment of the account will be transferred to the patient.** Arizona law allows insurance companies operating in the state no more than 30 days to process claims. Therefore, your insurance company should be able to comply with our 60 day grace period.

It is your responsibility to provide your insurance company with any requested information needed to process your claim. **The most common cause for delayed and unpaid insurance claims is lack of response to insurance requests for information**, so be sure to respond promptly to any inquiries from your insurance company. If the insurance is unable to process your claim because of inability to obtain information from you, the account balance will be transferred to the patient and will be subject to a rebilling fee if unpaid after 30 days from transfer.

3. You will receive a statement each month. Your statement will clearly indicate which portion of the total balance is due from the patient and which portion is pending insurance processing. Past due patient responsible balances are subject to a rebilling fee so be sure to pay the amount listed under "total due from patient" promptly. If you are unable to remit the full payment, please contact our patient accounts manager for alternate arrangements.

4. Patient balance accounts require monthly payments of \$50 or 15%, whichever is higher. Accounts are reviewed by our billing staff monthly to assure compliance with the established payment schedule. If unusual circumstances should make it impossible for you to meet our credit terms, we invite you to call or personally discuss the matter with our Patient Account Managers. This will help avoid misunderstandings and enable you to keep your account in good standing. Suitable arrangements can always be made where the need exists.

Delinquent accounts are transferred to collection agency when payments are not being made in accordance with an established payment schedule and we have made every reasonable effort to resolve the account "in-house". In the event of default, you will be required to pay collection costs and reasonable attorney fees as may be required to effect collection. Accounts placed for collection are reported in all three major credit reporting agencies and will remain on file for seven years.

I hereby acknowledge that I have been presented with a copy of Arizona Orthopaedic Associates at Gateway **Patient Financial Policy.**

Signature

Date

FINANCIAL POLICY