

## EDDY OB/GYN, PLC FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility. The following is a statement of our Financial Policy, which we require that you read and sign prior to any treatment.

**UNINSURED PATIENTS:** Payment in full is due at the time of service for all office visits and/or procedures, unless other arrangements are made in advance. We accept cash, checks, and all major credit cards.

**\*\*INSURANCE:** It is your responsibility to know your insurance plan benefits and to verify coverage for recommended tests, laboratory studies and referrals to other doctors. We make every effort to refer you to providers, labs, and x-ray facilities that are members of most health plans. However, there are more than 100 plans for which we are providers, and it is not possible for us to know the details for each of these plans. **If you are in doubt as to whether a procedure, lab test or x-ray is covered, or if you are unsure as to where it must be performed, please call your plan's member services department and check. This office cannot be responsible for out-of-pocket expenses incurred from utilizing the wrong provider, facility, or for undergoing non-covered tests or procedures.**

Please have your current insurance ID card available at each visit so we can avoid insurance claim filing errors. All co-payment, co-insurance and deductible amounts are due and payable at the time of check-in. This policy is in accordance with the legal requirements for collecting patient responsibility amounts.

\*\*Insurance is a contract between you and your insurance company. We are a party to this contract in some cases. If we are a party to your insurance contract, we will handle claims according to our agreements with the insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual and customary charges, etc., other than to supply information as necessary. You are ultimately responsible for the timely payment of your account.

**PPO Insurance:** We will bill your insurance company. Co-payment and any anticipated deductible are due at the time of your visit.

**HMO Insurance:** You must bring a copy of your current card. Infertility visits must have prior authorization from your PCP. Your co-pay will be collected for each office visit. You must bring a referral from your PCP.

**AHCCS (Medicaid):** You must bring a referral from your PCP. You will be responsible for non-covered services.

**Surgery Charges:** We will bill your insurance. Anticipated deductible and co-payments must be paid prior to the scheduled surgery.

**LAB TESTS AND OTHER CHARGES:** If your visit includes lab tests, x-rays, biopsies, pap smears or cultures, you will receive separate billing from the company performing the processing and evaluation of those tests. It may take as long as 2-3 weeks to receive your results. If you do not hear from the office after three weeks, please call to check for results. You will always be notified directly of any abnormal results.

**MINORS:** The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to a credit card or payment by cash or check at time of service has been verified.

**OVERDUE PAYMENTS:** Payment is “overdue” when a balance exceeds 30 days from the date-of-service. If we have not heard from your insurance after 30 days, we will contact you for assistance and/or to make payment arrangements. After 30 days, a rebilling fee of \$8.00 will be added to your account each time we have to send you a bill. Your account will also be charged interest in the amount of 1.5% per month for unpaid balances. If your account is sent to a collection agency, the collection agency’s fee, and any associated legal fees, will be added to your account. After 90 days from the date-of-service, unless other arrangements have been made with you, we will forward your account to our collections department and you may be discharged from the practice.

**CANCELLATION POLICY:** Any appointments cancelled with less than 24 hours notice will result in a cancellation fee of \$25.00. This fee will not be billed to your insurance company, and it must be paid before any other services are rendered. Repeated cancellations may result in termination of service. Failure to contact the office prior to a missed appointment will be a NO SHOW and \$50.00 will be charged.

**RETURNED CHECKS:** Whatever service fee is charged us by any bank for any check returned for insufficient funds will be added to your account.

**AUTHORIZATION:**

I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company, therefore, I authorize my insurance company, attorney or other parties to pay directly to Eddy OB/GYN, PLC and/or provide any information regarding payment of my bill. If my account becomes delinquent, I agree to pay all costs incurred in collecting the account, including any reasonable attorney’s fees.

I authorize the physician in charge to administer medical care as is necessary, including allowing release of records or medical reports on my physical condition to any party involved in my treatment.

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(Printed Name)	Signature	Date
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*Responsible Party's Name - (Parent or guardian of patient under age 18)*

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(Printed Name)	Signature	Date
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*It is our hope that the above financial policy will assist us in providing quality care to our patients. If you have any questions or need clarification of any of the above policies, please do not hesitate to speak with someone in our office.*

**Eddy OB/GYN, PLC  
215 S. Dobson Road, Suite 1  
Chandler, AZ 85224**