



Thank you for choosing our office. We are committed to the success of your medical treatment and care. Payment of your bill is part of this treatment and care; we want you to completely understand our financial policies. Please read carefully.

- The patient's insurance policy is a contract between the patient and the insurance company. For patients **insured through a health plan in which we participate**, applicable copayments are due at the time of the visit and all covered services are billed to the health plan.
- If you are paying for your own healthcare or have a health plan we do not participate in we ask that you pay in full at the time of the visit.
- If you have Medicare only, payment of the 20% is requested at the time of the office visit.
- Any service we provide you that is deemed a "non covered service" by your insurance will be your responsibility to pay.
- If your insurance changes in any way during your treatment it is **your responsibility** to notify our office.
- Any past due accounts will need to be resolved with our business office before your next appointment.
- All patients who reside outside of the United States are required to pay cash at the time of services regardless of the dollar amount.
- If your health plan requires a referral from your primary care physician it is **your responsibility** to obtain that referral. If the referral is not here at your appointment your appointment will be rescheduled.
- Secondary insurance claims are filed as a courtesy, and become the responsibility of the patient if payment is not received within 30 days of filing the claim.
- All accounts 30 days past due will incur a 3% interest charge.
- Acceptable methods of payment are; cash, check, money order, VISA or MasterCard.

## OTHER FEES

Delinquent accounts will be assigned to a collection agency or attorney. The **patient** will be liable for collection fees and court costs.

Dishonored checks will be charged back to the patient's account with a service fee of \$25 plus any bank fees that are charged to Agave Surgical Specialists.

For the completions of any and all forms by our physicians there is a \$25 fee per form.

At the time of your office visit if you are not prepared to pay your copay your appointment may be rescheduled or a \$10 "statement processing" fee may be charged to you.

If you are unable to keep your appointment we require that you notify us 24 hours in advance. There is a \$25 fee if the appointment is not cancelled. We ask that you respect the time set aside for you and your physician.

The Business Office is available to meet with you if you have any concerns.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand that such terms may be amended by the practice from time to time.

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_