



FINANCIAL POLICY

At Phoenix Health Practitioners LLC we believe in delivering exceptional patient care. However, our professional services are rendered to you, not your insurance company; therefore, payment for treatment is your responsibility. We are committed to navigating with you to get your best allowed coverage.

Please notify us of any change in your insurance, address, place of employment, phone number, etc., when you arrive and before you see your provider or have any testing. Failure to notify us of these changes will result in you being responsible for the bill.

You may use cash, check, Master Card or Visa to charge current services or any outstanding balance on our account.

Insurance, Claims and Payment Responsibility: The patient or his legal representative is ultimately responsible for all charges incurred. It is your responsibility to know and understand your insurance. We will do the best job we can to help you understand or direct you to the information, however, we are not responsible for verifying that your insurance is an "In Network" participant. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.

Fees: You may use cash, check, Master Card or Visa to charge current services or any outstanding balance. Past due accounts will be subject to a \$5.00 monthly late fee. Bounced checks will be charged a \$25.00 fee.

Self-Pay Patients: For patients that do not have insurance, payment in full is due at the time of service.

Co-pays/Balances: Your co-pays and/or balances are due at the time of service. You may be asked to reschedule your appointment if you are not prepared to pay your co-pay.

Physicals/Wellness: We recommend that you have a Physical/Wellness exam once a year, but it is your responsibility to clarify with your insurance if these services are covered with your health plan.

Non-covered Services: Payment for all charges which are not covered by insurance is due and payable at the time of service.

Medical Records Copies: There will be a fee of \$1.00 for the first 25 pages and \$0.50 per page thereafter. If patients are just requesting a copy of, i.e., labs, please provide this with no charge.

WE DO NOT CHARGE DOCTOR TO DOCTOR or PROVIDER TO PROVIDER -TRANSFER OF CARE

Prior Unpaid Accounts: Prior to providing services, payment of prior outstanding accounts may be requested and should be received, or specific payment arrangements be approved by the Practice Manager.

Collection Agency: If your account is more than 90 days past due, you will receive a final statement informing you that you have 30 days to pay your account in full or establish a mutually agreeable payment plan. Please be aware that if a balance has remained unpaid, it may be referred to a collection agency for further collection action. Any fees incurred will be the Patient's responsibility. If your account has been sent to collection, we will not be able to see you in the office until your balance is paid in full.

Forms: There will be a \$10.00 fee due at the time of request associated with simple one-page forms that need to be completed by the physician or office staff. For longer, more complex forms the fee charged will be \$25 and will be due at the time of request. Allow **5-7 business days** for the forms to be completed. All forms will be filled at the discretion of the provider.

Lab Orders: It is your responsibility to check with your insurance company to confirm the coverage for your lab work. Providers will order lab work but cannot guarantee that your insurance company will cover them.

Patient Acknowledgement: I have read, understand and agree to the above Financial Policy.

Patient Name _____ **Patient or Guardian Signature:** _____

Date: _____