



Financial Policy

We are committed to providing you with the best possible care, and we will be pleased to discuss our Financial Policy with you. Your understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our Financial Policy or your responsibility. We are here to help you.

All patients must complete our patient information form before seeing the doctor for the first time. We will also need copies of your insurance card(s). It is important you understand that your insurance coverage is a contract between you and your insurance company and that we are not a party to this contract. You are therefore ultimately responsible for the timely payment of your account.

PAYMENT

We require that you pay any applicable co-payments at the time of your child's visit. We accept cash, Visa, MasterCard, American Express, and debit cards.

PRIVATE INSURANCE

As a courtesy to our patients, we will bill your primary insurance company one time (as long as we are contracted with your insurance company). We, depending on your insurance plan, may not bill you until after we receive payment from your insurance. Once the insurance payment has been received, you will be sent a statement for any remaining balance that is your responsibility. This balance is due and payable within 30 days, unless prior arrangements have been made. If payment is not received within 30 days, the account will be referred to collections.

AHCCCS

If you are on AHCCCS, it is your responsibility to make sure you are still eligible for coverage. If at the time of your appointment you are not eligible it will be your responsibility to pay for services.

NO INSURANCE

If your child does not have insurance, you will be responsible for all costs associated with his or her care.

REFERRALS/LABS/X-RAYS

If you are enrolled in a managed care plan (i.e. HMO), you most likely will require a referral from our office before seeing a specialist, being sent for labs, or getting x-rays. If you receive care at one of these facilities, you and your insurance company will be responsible for any fees or costs incurred.

NO SHOWS

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for your child. Cancellations are requested at least 24 hours prior to the appointment. You will be charged a fee of \$50 for missed or late-cancelled appointments.