



SINUS & ALLERGY
WELLNESS CENTER
of north scottsdale

Patient Financial Policy

Please read carefully. A copy will be provided to you upon your request. All forms are also available on our website.

It is the policy of Sinus & Allergy Wellness Center of North Scottsdale to have a financial policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and also minimizing administrative costs. This financial policy has been established with these objectives in mind and to avoid a misunderstanding or disagreement concerning payment for professional services.

1. Our practice participates with numerous insurance companies. For patients who are beneficiaries of one of these insurance companies, our business office will submit a claim for services rendered. All necessary insurance information, including special forms, must be completed by the patient prior to leaving the office.
2. If a patient has insurance in which we do not participate, our office is happy to contact your insurance company and request OUT OF NETWORK benefits. Payment in full is expected at the time of service.
3. It is the patient's responsibility to pay any deductible, copayment, or any portion of the charges as specified by the patient's insurance plan at the time of visit. Payments for medical services not covered by an individual's insurance plan are the patient's responsibility and payment in full is due at the time of visit.
4. Payment for professional services can be made with cash, check, credit or debit card.
5. Financial assistance is available for qualified patients. If a patient feels that he or she may qualify for assistance, the practice receptionist should be notified for referral to the appropriate individual. Patients who do not have insurance are expected to pay for professional services at the time of service unless prior arrangements have been made with us.

6. It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be re-scheduled or the patient may be financially responsible due to lack of a required referral.
7. It is the patient's responsibility to provide us with current insurance information and to bring his or her insurance card to each visit.
8. Our staff is happy to help with insurance questions relating to how a claim was filed or regarding any additional information the payer might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department. The telephone number is printed on your insurance card.
9. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment at the time of service. For unaccompanied minors, non-emergent treatment will be denied unless charges have been pre-authorized or payment made by credit or debit card, cash, or check at the time of service.
- 10. For any remaining balances, once the practice has determined your financial responsibility, you should expect a statement in the mail. If you ignore or do not pay after the first two notices, you will receive a third and final statement and may then be sent to collections which could affect your good credit. Accounts turned over to collections must be paid in full before any further treatment can be rendered.**
- 11. If you are scheduled for an elective surgery, Sinus & Allergy Wellness Center of North Scottsdale will require the professional fee to be paid in advance. This fee is based on your current deductible balance. 50% will be due at the time of scheduling and the remaining 50% will be due on the day of your surgery, recognizing there may be adjustments in the fee dependent upon what is deemed medically necessary during the actual performance of the procedure. If these financial obligations are not met, your surgery may need to be re-scheduled.**

Our practice firmly believes that a good physician-patient relationship is based on understanding and good communication. Questions about financial arrangements should be directed to our medical billing department. Welcome to our practice!

Please sign your acknowledgment of the above policy:

 RESPONSIBLE Party/Patient Signature
 Patient: _____

 Date