Scottsdale Personal OBGYN Financial Agreement

**Insurance:** Please bring your current insurance card with you at the time of service. If you are not insured, or we cannot verify your benefits, or you do not bring your insurance card, or we do not participate with your insurance plan; payment in **full** is required at the time of service.

**Non-covered services:** Many insurance plans do not cover **Preventative Well Woman Exams**. If services are denied as non-covered by your insurance, we **will not** resubmit the claim with another diagnosis.

**Claim submission:** We will submit your insurance claims and assist you in any way we reasonably can to get your claims paid. Your insurance company may request additional information from you. It is **your responsibility** to comply with their requests. Balance of the account becomes payable within 30 days.

Scottsdale Personal OBGYN

8414 E.Shea Blvd, Suite 103

Scottsdale, AZ 85260

Ph: 480-794-1000

Fax: 480-860-2433

Statements are mailed every 28 days with any balance due. If the first statement is not paid, a second statement will be sent with a reminder for payment. If this is still not paid, a **$20 billing fee** will be added. The balance and fee will be due immediately. If it remains unpaid, we will be required to turn the account over to a collection agency.

**Any fees incurred by our office associated with collection on a past due account, including administrative or legal costs will be the patient’s responsibility.** A fee of 35% will be added to an account turned over to an outside agency. We reserve the right to discontinue services until the balance is paid in full.

**Phone consultations:** For our established GYN patients requesting a phone call for any medical questions/issues, we will charge a small fee of $25.00.

**Medical records:** Lastly, if you are being referred by another physician, the medical records are necessary to provide the best care for you. It is your responsibility to obtain these records and/or have these records faxed to our office prior to your appointment. **Our fax number is (480) 860-2433.** Without records your appointment may be delayed or rescheduled.

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Patient Signature Date

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