

Scottsdale Women's Care

Sally T. Wareing, M.D.

FINANCIAL POLICIES FOR OUR PRACTICE

PATIENTS WITH CONTRACTED HEALTH INSURANCE PLANS

As a courtesy, we will file your insurance claims. You are responsible for all services provided by our office which are not covered by your insurance. If you are unsure what your insurance benefits entail, please contact the customer/member services phone number on your card.

PATIENTS WITH MEDICARE BENEFITS

We are participating with Medicare and therefore, we will submit your Medicare claims. As a courtesy, we will also file claims for any supplemental coverage (secondary insurance) that you may have. If you do not have supplemental coverage, you will be responsible for any co-insurance amount determined by Medicare. You will also be signing a Medicare ABN form acknowledging your responsibility for any services provided that are not covered under your specific benefits. This form is required by Medicare, and has to be submitted with your claim when billed. Unfortunately, we will need to cancel your appointment if this form is not signed prior to receiving services.

PATIENTS WITH NO INSURANCE BENEFITS/ SELF-PAY

You are responsible for payment in full at the time of service.

TO ALL PATIENTS OF OUR PRACTICE

Please bring your insurance card(s) with you and keep our office informed of any changes in your insurance, address, or telephone. For your convenience, we accept Mastercard, Visa, Discover, Debit, checks and cash.

DELINQUENT ACCOUNTS

Accounts greater than 90 days are subject to collection. Please call our office if you are in danger of becoming delinquent on your account, to make possible payment arrangements.

CO-PAYMENTS

Your copayment is a personal obligation between you and your contracted insurance company. We are required to collect this amount at the time of your office visit. If you are not able to meet your co-payment at the time of your visit, an additional 10.00 will be added to your bill, or your appointment may need to be rescheduled.

NO SHOW/ CANCELLATION POLICY

For scheduled office visits, there is a 24-hour cancellation notice policy. There will be a \$50.00 fee for missed appointments without proper notice. Continual missed appointments will be cause for dismissal from the practice. You will receive a courtesy phone reminder prior to your appointment, however, it is your responsibility to keep track of your scheduled appointments.

FORM FEES/MEDICAL RECORDS

There is a 10.00 fee collected for completion of forms or additional dictated letters beyond the customary office visit documentation. If you are requesting copies of your medical records for any purpose, a signed medical release document must be on file with our office in order for us to release your records. Please allow 1 week for processing these requests.

ACCEPTANCE

I have read and understand these policies and agree to abide by the terms of above policies.

PATIENT SIGNATURE _____ DATE _____/_____/_____