

**AGAVE SURGICAL ASSOCIATES, P.C. FINANCIAL POLICY**

Thank you for choosing our office. We are committed to the success of your medical treatment and care. We want you to completely understand our financial policies. Please read carefully.

- The patient's insurance policy is a contract between the patient and the insurance company. It's important for the patient to understand their benefits. For patients insured through a health plan in which we participate applicable co-payments are due at the time of the visit and all covered services are billed to the health plan.
- If the patient is paying for their own healthcare or has a health plan we do not participate in, we ask the responsible party to pay the fee for service in full at the time of the visit.
- If the patient has a Medicare only plan, payment for the 20% not covered is requested at the time of the office visit.
- Any service our physicians provide the patient that is deemed a "non-covered service" by the health plan will be the patient's responsibility to pay.
- If the patient's insurance changes in any way during the treatment is the patient's responsibility to notify our office at (520) 320-5665.
- Any past due accounts will need to be resolved with our business office before the patient's next appointment.
- All patients who reside outside of the United States are required to pay cash for the entire service provided by the physician.
- If the patient's health plan requires a referral from the primary care physician, it is the patient's responsibility to obtain the referral. If the referral is not at our office at the patient's appointment the appointment will be rescheduled.
- Secondary insurance claims are filed as a courtesy, and become the responsibility of the patient, if payment is not received within 30 days of filing the claim.
- All patient account balances 30 days past due will incur a 3% interest charge on the remaining balance.
- Acceptable methods of payments are as follows: cash, check, money order, VISA, or MasterCard.
- At the time of the patient's office visit if the responsible party for the patient is not prepared to pay the copay co-insurance, the appointment will be rescheduled.

**Other Fees**

Delinquent accounts will be assigned to a collection agency or attorney. The responsible party for the patient will be liable for the collection fees and court costs.

Dishonored checks will be charged back to the patient's account with a service fee of \$40.00 per form.

If the responsibility party for the patient is unable to keep the appointment, our office requires a 24 hours' notice in advance. There will be a \$25.00 cancellation fee assigned to the patient's account if the appointment is not cancelled.

The Business Office is available to meet in person or can be contacted at (520) 320-5665, if there are any concerns.

I have read and understand Agave Surgical's Financial Policy. All of my questions have been answered and I agree to be bound by its terms. I also understand such terms may amended by the practice from time to time and will inform me of such changes.

\_\_\_\_\_  
Patient or Responsibility Party of Patient

\_\_\_\_\_  
Date