

Our goal is to provide and maintain a good physician-patient relationship. We regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. Please read each section carefully. If you have any questions, do not hesitate to ask a member of our staff.

Insurance Plans

Please understand:

1. It is your responsibility to keep us updated with your correct insurance information. **Inaccurate or untimely information given to staff that results in denial or noncoverage by your insurance company will result in your responsibility for the charges. If you provide our office with corrected insurance within 90 days of your visit, we will rebill charges on your behalf.**
2. It is your responsibility to understand your benefit plan and what services are covered. Not all services provided by our office are covered by every plan. Any service determined to be non-covered by your plan will be your responsibility.
3. It is your responsibility to know if a referral or authorization is required to see specialists and if preauthorization is required prior to a procedure.
4. **Out-of-network** insurances will be billed as a courtesy, only if you have out-of-network benefits. We cannot accept out-of-network Medicaid or out-of-state HMO policies.
5. **Accident/Workers' Compensation:** Patients will be financially responsible for medical services related to accident/workers' comp which are denied. Patients must provide our staff the date of injury, claim number, insurance company, address, phone number, and contact of claims adjuster prior to coming to the office. If accident/workers' comp denies and you have private insurance, they may be billed. If neither accident/workers' comp nor private insurance pays, you, the patient, are responsible for payment. **Workers' comp outside the state of Arizona is not accepted.**

Financial Responsibility

1. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
2. **Co-payments** are due at the time of service. A **\$5.00 service fee** will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
3. If you participate with a **high-deductible** health plan, payment is required at the time of service or a deposit toward your visit may be requested until your deductible has been met.
4. **Self-pay (no insurance)**, full payment is required at time of service.
5. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days upon receipt of bill.
6. Balances unpaid for more than 90 days may be turned over to collections to the Law Office of Tevis Reich or TCS collections, unless other arrangements have been made with the billing department. **If your account is turned to collections, you will be responsible for attorney fees, court costs, and the cost of collections**

and any judgment shall accrue 18% per annum until paid. Accounts turned to collections may result in dismissal from the practice until full debt is paid.

7. For all services rendered to minor patients, we will look to the accompanying parent or adult for payment at the time of service in case of divorce; it is your responsibility to work out payment for medical care between the custodial and noncustodial parents.
8. A \$35.00 fee will be charged for any checks returned for insufficient funds.
9. We accept cash, checks, Visa, Discover, Mastercard, and CareCredit financing as forms of payment.

Surgical Deposit

The decision to proceed with a surgical procedure is often a difficult one. At Flagstaff Bone & Joint, we respect your need for certainty regarding your decision to schedule the procedure. The administrative work involved in booking a procedure is extensive. Just as you would like to be certain of your choice, we also need to know that your decision is well thought out and secure.

1. A deposit of \$500.00 will be collected when the surgery is scheduled. This deposit will be applied to your balance after your insurance processes the claim. If you owe us nothing after your surgery claim is paid, we will promptly refund your money.
2. **Self-pay (no insurance)**, full payment is required at time of service.
3. A fee of \$200.00 will be deducted from your deposit if cancellation or rescheduling occurs less than 21 days from surgery date. If there is a medically documented need for cancellation, the fee will be waived and the deposit will be returned.
4. You will receive separate bills from the hospital/facility, anesthesia, and pathology. Your surgery scheduler can provide you with contact information to these facilities.
5. Post-op “global care” is included for office follow-up care for 90 days beginning the date of surgery. Global care does not cover X-rays, DME, or physical therapy and may be subject to co-pays, coinsurance, or deductibles.

Forms

Any paperwork or forms not mandated by your health insurance company (i.e., FMLA, short-term disability, etc.) are subject to a \$20.00 completion fee. An additional \$5.00 will be added to forms/paperwork more than 5 pages. This fee must be paid prior to forms being filled out. Completion of all paperwork will take up to 14 days after fee has been paid.

No Shows/Late Cancellations

Missed or late canceled appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. After a third missed appointment within a 12-month period, the patient will be discharged from the practice due to a failed professional relationship. Cancellations should be 24 hours in advance.

For purposes of disclosure, Dr. John Hall has a relationship with Synthes Spine, the maker of ProDisc replacement implants, as an educational trainer. Dr. Darius Moezzi is a teaching consultant for Arthrex, which involves physical education.