

Patient Payment Policy

Thank you for choosing us as your Primary Care provider. We are committed to providing you with quality care. Because some of our patients have had questions regarding patient and insurance responsibility for service rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have and sign the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured with a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up to date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Copayments and Deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

4. Claims Submission. We will submit your claims and assist you in any way we reasonably can to help get your claim paid. Your insurance may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

5. Coverage Changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

6. Nonpayment. If your account is over 45 days past due after the insurance has paid their portion and a statement has been sent out. Partial payment will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer you account to a collection agency and you and your immediate family members may be discharged from this practice. In the event of finding it necessary to turn your unpaid balance over to a collections agency all collection fees and/or legal fees will be owed in addition to the remaining balance. If this is to occur, you will be notified by regular or certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.

7. No-Show and Cancellation Policy. If you fail to show up for a scheduled appointment or cancel a scheduled appointment less than 24 hours in advance, you will be assessed a \$25.00 fee automatically, which must be paid prior to your next visit. Multiple cancellations may result in being discharged from the practice.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns at (480) 419.9924 or office@nsfamilymed.com.

I have read and understand the payment policy of Brett Swenson MD, PLLC dba North Scottsdale Family Medical Center and agree to abide by its guidelines:

Signature of Patient or Responsible Party

Date