

Phoenix Medical Group, PC

Financial and Office Policies

Dear Patients,

Welcome! Please take the time to review the following policies that we have put into place to better serve you. We look forward to establishing a mutually beneficial relationship with you.

Payment is expected at the time of each visit. This may include a deductible, co-payment, co-insurance, or payment in full. If you do not have insurance, payment in full is expected at the time of your visit. Payments made in full are eligible for a discount. Please contact a billing representative for details. For your convenience our office accepts cash, check, Visa, MasterCard and Discover.

There is a \$25.00 charge for all returned checks. NSF checks must be paid with cash, cashier's check, or money order.

Our practice handles all claims and billing questions. Our billing office can be reached at 623-583-6156. All accounts with outstanding balances after 90 days will be subject to collection. We understand that at times there may be financial hardship. Please communicate this with our billing office and they will assist you.

Please note, claims that have not been processed after 30 days will become the responsibility of the patient. Please contact your insurance company to ensure that your claims are processed in a timely manner.

Due to various insurance plans in effect, it has become a very complicated process to become familiar with each plan. Therefore we are requiring your cooperation. It is your responsibility to know all the information required by your insurance plan. This includes non-payment of services (i.e.: well visit coverage, immunizations, testing, sick visit coverage, physicals and well woman exams). It is your responsibility to be aware of deductibles and co-pay amounts.

It is also your responsibility to insure that our office has received an authorization or a referral for each visit. An authorization for treatment is not a guarantee of payment. To inquire if a referral or authorization has been obtained for an upcoming appointment, please call 623-977-0483.

We require that you notify our office of any of the following: change of insurance, address and telephone number. By doing this it eliminates unnecessary delays in your care.

If you are unable to arrive for your appointment on time, please call to inform our office. We will review the schedule to determine if the appointment will need to be rescheduled or if you can be worked in after the other scheduled appointments.

Please be aware that failure to cancel your appointment may hinder another patient's ability to be seen by our physicians. Therefore we request that you contact our office prior to the scheduled appointment. Repeated "no-show" appointments may be subject to discharge from the practice.