



Ocotillo Internal Medicine Financial Agreement

Please initial each line

1. _____ **Insurance:** We will bill your insurance company for any services rendered. If you are not insured, we cannot verify your insurance coverage, you do not bring your card to your visit, or you are not under a plan we accept, payment in full is expected at the time of the visit. If you fail to provide the correct information, you will be responsible for the balance or full amount of the claim.
2. _____ **Balance due:** All insurance co-payments and **ANY** other account balances are due at the time of service.
3. _____ **Non-covered services:** Some services may not be covered by your insurance. If we are aware that it is not covered you will be responsible for payment at the time of your appointment. For many services we do not know your particular coverage and will bill to insurance, however, if it is returned as a non-covered benefit you will be billed for the cost of the service.
4. _____ **Claim submission:** We will submit your claims and assist you in any way we reasonably can to get your claims paid. Your insurance company may request additional information from you. It is your responsibility to comply with their requests. If they further deny your claim, it is your responsibility to pay the balance and follow up with them to be reimbursed.
5. _____ **Cancellation Policy:** We require 24 hour advanced notice of cancellation. A \$45.00 fee will be applied to your account for short-notice cancellations or missed appointments. A second offense will result in a \$90 fee. Patients who miss several appointments without calling may be discharged from our practice.
6. _____ **Returned Check Charges:** A \$50.00 NSF fee will be charged to your account for any returned checks.
7. _____ **Laboratory Testing:** We make every effort to provide lab or imaging center with the appropriate diagnostic codes so that necessary testing is covered. Most insurances and Ocotillo Internal Medicine use diagnostic codes dictated by Medicare. If we make an error in coding we will work to correct the error so that the claim can be resubmitted. However, codes must be based on screening or findings in the actual visit. Manipulating codes can be considered fraudulent if they do not reflect the actual medical concern. ---The lab---. If you are concerned that your insurance will not cover labs, please ask your provider for the cash pay options that are much less expensive.
8. _____ **Annual exam/Initial Visit:** *Ocotillo Internal Medicine provides comprehensive medical care. As such, the initial visit and the annual exam require two billing codes. The first is for the preventative portion of the visit, and the second is for the problem oriented part of the visit. In order to provide you with the optimal medical care and for your convenience we provide this service in one visit. These codes are standardized and follow insurance and Medicare guidelines, however, your particular insurance coverage may vary. If the preventative code is a **non covered** benefit the office will charge a \$65 fee. If your insurance covers both the preventative and problem based codes some of the fees may be subject to your plans deductible or coinsurance and it will be your obligation to pay those fees and Ocotillo Internal Medicine is contractually obligated to collect those. Please note an annual exam is required yearly of every patient.*

We are available to assist you with any questions or concerns or to set up payment plans. Please contact our office at 480-895-5870.

Ocotillo Internal Medicine reserves the right to make changes to this financial agreement at any time and require a new signature.

Print Name

Patient Signature

Date