

DESERET FAMILY MEDICINE

1425 S. Greenfield Rd. #101  
Mesa, AZ 85206

6410 S. Kings Ranch Rd. #1  
Gold Canyon, AZ 85118

**PAYMENT POLICY**

This is a guideline established for our patients to reduce any confusion in regards to our fees and billing practices. We strive to deliver quality care at an affordable cost to our patients.

Our office visit charge includes not only your visit to our office but the fee includes: access by phone during office hours, to our provider on call after hours, and for prescription refills and test results.

Our practice is to accept payment at time of service. The following has been established in regards to personal and third party (insurance) payers.

**MEDICARE:** We are a Medicare participating physician. Patients who are covered by Medicare are responsible for their deductible as well as the 20% of the Medicare allowable charge. We make every attempt to collect the correct amount from our patients at the time of service. There will be circumstances where we have not collected the correct amount and will either request additional payment or make a refund to you. If additional payment is required a statement will be sent to you reflecting the total charges, the total amount paid, and the balance owed by you. The amount paid includes your initial payment, Medicare's payment, and the required adjusted amount.

If Medicare does not file your supplement we will file your supplement one time for each day of service. If the supplement needs to be refilled this is up to the patient. We will wait 30 days after we have heard from Medicare for the supplement to send payment. If we have not heard from your supplement within that time then the balance will become your responsibility. If your insurance pays us at a later date we will refund you.

**HMO/PPO:** These plans vary with each individual. Patients are expected to make copayments at the time of service and or meet their deductible requirements. Should you miss 3 co-pays, further collections efforts may be necessary. We file the insurance on your primary HMO/PPO plans we participate with as a courtesy to you. In no way does this release you from any responsibility. In the event that a claim comes back to us denied by your insurance company, you are immediately responsible for your debt and receipt is expected 10 days after you receive a statement.

For our patient's convenience we will file the claims and allow 30 days for your insurance carrier to make payment. In the event that we have not heard from them, we will submit the claim a second time for processing. If we have had no response after 60 days total, then the debt will become your responsibility. You will be asked to contact your carrier and be required to make payment in full for the services rendered. If your insurance pays us at a later date we will refund the overpayment to you.

**STANDARD INSURANCE:** These are plans in which we are not a participating provider. We expect payment at the time of service and you as a patient may submit your claim to your insurance company. Our itemized super bill includes all your charges for that day of service, as well as your diagnosis.

**INDUSTRIAL:** For our patients who have industrial (workman's compensation) coverage, we will file your industrial claims for you as a courtesy, provided you have filled out a pink industrial form with our office. All information must be complete or we will hold you responsible for payment. In the event that a claim comes back to us denied by your insurance company, you are immediately responsible for your debt. If your insurance has not paid within 45 days of claim submission, then the debt will become your responsibility. Payment is due within 10 days from receipt of statement. If your insurance pays us at a later date we will refund you.

**NO INSURANCE:** For our patients who do not have insurance coverage, we do not want to create financial hardship to any patient. We will expect payment at time of service for all new patients. Once you have established yourself or your family as patients, our Billing Department will be happy to sit down and discuss your payment options.

**No Shows:** There may be a \$40.00 charge for no shows that are not canceled 24 hours in advance.

**Please remember to bring your payment because we are collecting at check in. If you do not have your payment you will be asked to reschedule when you are able to pay for the visit. This payment is only an estimate of what you owe. If we overcharged you we will refund you. If we did not charge enough you will receive a statement.**

**Forms/Paper Work:** We reserve the right to charge for any forms or paper work.

We accept cash, checks, Visa, Mastercard or Discover or American Express as means of payment. **We will not hold any form of payment at time of the visit to deposit at a later time.** We are attempting to reduce our patient's long-term cost by reducing the number of statements sent each month.

In the event that a statement is necessary, you will have 10 days from receipt to clear your debt. If we do not hear from you regarding payment a reminder notice will be sent. If 10 days pass with no response, we will be forced to proceed with further collection procedures.

Once an account has been turned over to our collection agency or you have filed bankruptcy, your account will become a "cash only" account. We will not be able to allow payment plans and will always expect cash at time of service based on your past credit history with us. We can still file your insurance if we are a participating provider, but you will need to pay the total charges. If you have any further questions or concerns regarding our fees, do not hesitate to ask. You may speak directly with our Billing Department. They will answer any questions you may have.

**Billing Department: (480) 325-3615**

**10/18/13mm**

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(Patient Signature, if minor Responsible party)

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(Date)