



Financial Policy:

1. We will collect your deductible, copay and uncovered services or the percentage you are responsible for at the time of your visit. Please be prepared to pay at the time of check-in, before you are seen by the Provider. It is the patient's responsibility to know the terms of their insurance plan prior to their visit.
2. You must bring your insurance card, photo ID and any authorization/referral information you may have to every appointment. Without these, we will be unable to see you.
3. If your insurance denies payment on your claim, you will be responsible for 100% of the allowed amount and will be asked to pay by check, cash or charge. If you do not pay in a timely manner, you will be responsible for all charges not paid by your insurance in accordance with state laws. Patient/Guarantor agrees to pay all cost of collection, including attorney fees, collection fees, and contingent fees to collection agencies which may be more than 30% of the delinquent balance, such contingency fee to be added by the provider and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice. Once your account is referred to an outside collection agency you will not be eligible for scheduling until the balance has been paid in full.
4. In accordance with AMA CPT guidelines, we reserve the right to charge for telephone/telehealth services with our physicians, physician assistants, nurse practitioners, etc. That includes evaluation and management of your medical condition(s). We will bill your insurance company for such calls but if it is not covered by your plan, you will be responsible for the charges.
5. **PATIENTS REQUIRING A REFERRAL:** You are responsible for making sure your visits are authorized by your primary care physician (PCP). This authorization must be obtained before your visit with East Valley Diabetes and Endocrinology. If you do not have proper authorization your appointment will be rescheduled, and you may be subject to a \$50.00 fee for a missed office visit or a \$100.00 fee for procedures.
6. Should you need to cancel or change your office visit appointment this must be done with 1 business days' notice, or you will be subject to a \$50.00 charge. Should you need to cancel or reschedule a procedure this must be done with 2 business days' notice, or you will be subject to a \$100.00 charge. By signing below, you agree to be responsible for any/all fees incurred by not giving the required advanced notice.

7. **BIOPSY:** Most of the time a diagnosis will be made. Sometimes there are not enough thyroid cells to make a diagnosis, in the event this occurs you will need to come back for a repeat biopsy which will be another regularly billed encounter.

8. **SELF-PAY PATIENTS:** This section covers patients with no insurance or whose plans do not cover the services provided by East Valley Diabetes and Endocrinology. Payment for medical service is required **prior** to services being rendered. We accept Visa, Mastercard, Discover, check, cash or money order. We **DO NOT** accept American Express or Care Credit.

***NOT ALL PLANS COVER TELEHEALTH VISITS!!! - If your plan denies then you will be financially responsible for the Self-Pay Fee.

Self-Pay Fees by Service:

New Patient: \$200.00	Ultrasound: \$100.00
Established Patient: \$100.00	FMLA/Records: \$25.00
Telehealth New Patient: \$200.00	Injections: \$25.00
Telehealth Established Patient: \$100.00	FNA(Biopsy): \$150.00
Dietician: \$50.00	Additional Nodules (Biopsy): \$100.00

*** You and/or your employer are responsible for your insurance's monthly premiums. Your insurance company is accountable for YOU. Do not hesitate to contact them if you disagree with their payment or to find out the status of a claim.

If you have any questions regarding this financial policy, please do not hesitate to contact our billing office prior to your appointment.

Patient/Guardian Name (Printed)

Date

Patient/Guardian Name (Signature)