East Valley Diabetes & Endocrinology Financial Policy

We require your deductible, copay, coinsurance, and uncovered services you are responsible for to be collected 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.

We require a Credit Card on File to be seen at the practice. See separate document.

You must bring your Current insurance card, photo ID and any authorization/referral information you may need for the appointment. You are responsible for providing accurate demographic and insurance information at each visit.

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, your account will be deactivated and result in discharge from the practice.

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.

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 for your appointment, and your claim is denied then you will have to pay full charges for that visit.

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. Specimens are sent out to an outside pathology company. We do not bill for these services and questions regarding any future bills will need to be directed to the pathology company.

NON-COVERED SERVICES and SELF-PAY PATIENTS: Some or all Medical services may not be covered by your insurance company, or you may have a 'High Deductible' plan that requires you to pay for certain charges upfront. Please ask the office manager for current self-pay fee schedule for all Medical Services. Payment for medical services/lab

testing/RFA/Imaging or Diagnostic Procedures is required prior to those services being rendered. We accept Visa, Mastercard, Discover, check, cash or money order. We DO NOT accept American Express or Care Credit.

Financial waivers: Certain services may require a financial waiver be signed prior to them being performed. These forms will be provided to you when needed and are available as a separate document.

TELEMED VISITS: We no longer provide 'Telemedicine' visits.

SLIDING FEE DISCOUNT POLICY: It is the policy of East Valley Diabetes & Endocrinology to provide essential services regardless of the patient's ability to pay. We offer discounts based on family size and annual income using a formula based on federal poverty guidelines. Please ask the office manager for an application.

Signature of patient or legal representative: _____

Printed name of patient or legal representative: _____

Relationship if legal representative: _____

Date: _____