



*The Urology Division of Integrated Medical Services*

## **Financial Policy**

On your initial visit, the doctor's consultation fee ranges from \$111.00 to \$326.00. This fee does not include any laboratory, procedure, medication, and medical supply or x-ray fees. At the initial visit, the patient is responsible for co-payment/coinsurance amount plus any deductible. If our office cannot verify insurance benefits, payment in full is due when you check-in for your appointment.

If your insurance carrier sends payment directly to you, payment in full is due at each visit. Should an overpayment occur on the deductible or percentage amounts charged, a refund will be given

If you are waiting for coverage to become effective or have no insurance, payment in full will be expected the day you are seen. For your convenience, we accept VISA, MasterCard, Cash or Check.

Delinquent accounts will be subject to the following action. Accounts past due 90 days or more will be subject to collections. All fees, including, but not limited to collection fees, attorney fees, and court fees incurred shall become your responsibility, in addition to the balance due to this office.

We require that an adult (parent or legal guardian) accompany a minor patient unless prior written authorization is given to this office. The adult accompanying the minor patient is required to pay in accordance with our policies. We do not accept third party assignments nor do we recognize or enforce the terms of divorce decrees.

There is a \$25.00 service fee on all returned checks. NSF checks must be redeemed with certified funds -cashier's check, money order, certified check or cash.

If you need to cancel a scheduled appointment, please contact this office 24 hours or more in advance of your appointment. Because of our heavy patient load, missed appointments prevent us from scheduling care for others in need of urgent urologic care.

*I have read and understand the Financial Policy and agree to abide by the terms of the policy.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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