



Office Financial Policy

Dear Patient:

This is written for your information and hopefully will answer any questions you have about our office financial policy. We would appreciate it if you would spend a moment reviewing the information contained in this document. **Please sign and return this form to a member of our staff.** At your request, a copy of this document will be provided to you.

Payment is due, in full, at the time of service for services rendered. Accepted methods of payment are cash, check, Visa, Master Card or money order. Checks returned by your financial institution for any reason will be subject to a \$35.00 fee and may be reported to the Maricopa County Attorney's Office for criminal prosecution.

For patients covered by an insurance plan we are contracted with, such as a PPO, HMO, EPO, or POS any applicable co-payment, must be paid at the time of your visit.

For patients on an HMO or AHCCCS plan, **it is your responsibility** to ensure a valid referral is received from your Primary Care Physician (PCP) prior to your office visit. If you need assistance with obtaining a referral, please contact our office at least one week prior to your appointment.

Since your insurance card provides our office with the information necessary to submit a claim for reimbursement from your insurance company, your insurance card must be available for copying at the time of your visit. If you are unable to provide our office with a copy of your current insurance information, you will be responsible for all charges at the time of service.

For patients covered by Medicare, please be advised our office **does not** participate with Medicare. Therefore, you will be responsible for paying the Medicare Limiting Charge at the time of service. As a courtesy to you, our office will bill Medicare for you on your behalf. Medicare will reimburse you directly for services it considers medically necessary or a covered benefit, minus any applicable deductible or coinsurance amount.

If you have any questions concerning the information provided in this document, please ask a member of our staff for assistance.

Sincerely,

Michael Ivchenko, M.D.

Carrie L. Schallock, M.D.

I have read and understand the information provided to me concerning the Partner's In Women's Health Office and Financial Policy

Patient or Responsible Party Signature

Date