

You are financially responsible for the medical services you receive. Please review our policies below and sign at the end to indicate your agreement to these terms.

APPOINTMENTS

1. **Copayments.** Copayments for clinic visits are due at the time of service. If you are unable to make your copayment at the time of service, Arizona Pain Specialists reserves the right to reschedule your appointment until a time that you are able to make your copayment. Payment for any outstanding balance is due at your appointment.
2. **Procedure Prepayment.** Arizona Pain Specialists collects your payment for a procedure at the time when the procedure is scheduled. Your prepayment is based on an estimate of your expected financial responsibility. This is an estimate only. You are responsible for any unpaid balance after your insurance (if applicable) has been billed. In the event of overpayment you may request a refund according to our refund policy, below. We reserve the right to reschedule your procedure until prepayment has been made.
3. **Missed Appointments and Late Arrivals.** If you are more than 15 minutes late, we may reschedule your appointment. If you are more than 60 minutes late, or if you do not show up to your appointment, you will be responsible for a missed appointment fee. Missed office visit appointments are subject to a \$25 charge. Missed procedure, MRI or EMG appointments are subject to a \$58 charge. These charges are your responsibility and will not be billed to any insurance carrier.

INSURANCE PAYMENTS

4. **Financial Responsibility.** Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment-in-full for all medical services provided to you. Any charges not paid by your insurer will be your responsibility, except as limited by our contract (if any) with your insurance carrier.
5. **Coverage Changes and Timely Submission.** It is your responsibility to inform us in a timely manner of any changes to your billing or insurance information. There is a time limit within which Arizona Pain Specialists must submit a claim on your behalf to your insurer. If Arizona Pain Specialists is unable to submit your claim within this period because we have not been supplied with your correct insurance information, you will be responsible for the charges.
6. **Self-Pay.** If you do not have health insurance, or if your health insurance will not pay for services rendered by Arizona Pain Specialists, you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule (available from our front desks). Self-pay patients are expected to make payment in full at the time of service.

BENEFITS AND AUTHORIZATION

7. **Insurance Plan Participation.** We participate in many but not all insurance plans. It is your responsibility to contact your insurance company to verify that your assigned physician participates in your plan. Out of network charges may have higher deductibles and copayments.

8. **Referrals.** Referral and prior authorization requirements vary widely among insurance carriers and plans. If your insurance carrier requires a referral for you to be seen by Arizona Pain Specialists, it is your responsibility to be aware of this fact, and to obtain this referral.
9. **Prior Authorization and Non-Covered Services.** Arizona Pain Specialists may provide services that insurance plans exclude or require prior authorization. If insured, it is ultimately your responsibility to ensure that services provided to you are covered benefits and authorized by your insurer. Arizona Pain Specialists, as a courtesy to our patients, makes a good faith effort to determine if services we order are covered by your insurance plan, and, if so, whether or not prior authorization for treatment is required. If determine that a prior authorization is required, we will attempt to obtain such authorization on your behalf.
10. **Out of Network Payments.** If we are not part of your insurance carrier's network (out-of-network) and your insurance carrier pays you directly, you are solely responsible for payment and agree to forward the payment to Arizona Pain Specialists, immediately.

ACCOUNT BALANCES AND PAYMENTS

11. **Reassignment of Balances.** If your insurance company does not pay within a reasonable time, we may transfer the balance to your sole responsibility. Please follow up with your insurance carrier to resolve non-payment issues. Balances are due within 30 days of receiving a statement.
12. **Collection of Unpaid Accounts.** If you have an outstanding balance over 120 days old and have failed to make payment arrangements (or become delinquent on an existing payment plan), we may turn your balance over to a collection agency and/or an attorney, which may result in reporting to credit bureaus and/or legal action. Arizona Pain Specialists reserves the right to refuse treatment to patients with outstanding balances over 120 days old. You agree to pay Arizona Pain Specialists for any expenses we incur to collect on your account, including reasonable attorneys' fees and collection costs.
13. **Returned Checks.** Returned checks will be subject to a \$38 returned check fee.
14. **Refunds.** Refunds for overpayment or prepayment on cancelled procedures are made only after there has been full insurance reimbursement for all medical services on your account. Please submit a written refund request and allow four to six weeks for your request to be processed. Send requests to: Arizona Pain Specialists, Attn: Billing Department, 9787 N. 91st St., Ste. 101, Scottsdale, AZ 85258-5088.

Agreement and Assignment of Benefits

I have read and understand the financial policy of Arizona Pain Specialists, and I agree to abide by its terms. I hereby assign all medical and surgical benefits and authorize my insurance carrier(s) to issue payment directly to Arizona Pain Specialists. I understand that I am financially responsible for all services I receive from Arizona Pain Specialists. This financial policy is binding upon you and your estate, executors and/or administrators, if applicable.

Signed: _____

Date: _____