

Arcadia Well Woman

Thank you for choosing Arcadia Well Woman for your gynecological needs. We are pleased that you have placed your trust and confidence in us. In order to help acquaint you with our practice, we would like to make you aware of the following policies

PATIENTS OF CONTRACTED MANAGED CARE PLANS:

If our office is contracted with your health care plan, we will submit your claim to your claim center. **You are expected to pay your copay at the time of service** per your contractual agreement with your insurance carrier. A \$10 service charge will be applied to the account if not paid at the time of service.

PLEASE BE RESPONSIBLE FOR KNOWING YOUR POLICY:

You are responsible for all services provided by our office, which are not covered by your insurance. If we are not aware of this prior to service, we cannot submit a new diagnosis at a later date. Please contact your insurance company **in advance** to verify coverage for special benefits such as well care (preventative), ultrasound, infertility and laboratory testing. Your insurance company might not cover all of the testing advised and ordered by your provider to evaluate your condition. Referrals may be required for your visit, and deductibles may apply. **Please contact your PCP, as we do not obtain referrals from your PCP – this is your responsibility.**

PATIENTS WITH NO INSURANCE BENEFITS:

You are responsible for payments in full at the time of service.

MINOR AGE PATIENTS:

In accordance to Arizona state law, all minors under the age of 17 who are seen relating to reproduction health issues do NOT require parental consent. All other health issues, however DO require a parent or legal guardian to accompany all minors under the age of 17. In the event that this is not possible, a phone call is required from the patient's parent or legal guardian to authorize treatment. **The parent or legal guardian who brings the minor in for medical attention will be held responsible for payment at the time of services are rendered, whether it is a payment or payment in full.**

DELINQUENT ACCOUNTS:

Accounts over 60 days past due may be turned over to an outside collection agency. **Any fees incurred by our office associated with the collection on a past due amount, included administrative or legal costs will be the patient's responsibility.** A fee of 35% will be added to any past due accounts for turning over the account to an outside collection agency.

CANCELLATION POLICY:

For scheduled office visits, there is **a 24- hour cancellation notice policy.** Any appointments that are missed without proper notice will be **charged a \$35 no show fee that will not be billed to insurance.** Continual missed appointments or rescheduled appointments will be a cause for dismissal from the practice.

ACCOUNTABILITY:

I have read and understand the financial and cancellation policy, and I agree to abide by the terms of this policy.

Patient name (please print)

Patient signature or legal guardian

Date