

Sierra Vista Internal Medicine, PLLC

Sierra Vista Internal Medicine, PLLC is committed to providing you with the quality health care and welcomes the opportunity to discuss our professional fees with you at any time. A clear understanding of our financial policy is important to us. Please ask if you have any questions about our fees, financial policy or your responsibility. All patients must complete a "Patient Information Form" prior to seeing the physician. Be advised submission of a form or information does not establish a physician-patient relationship and prospective patient forms are not reviewed prior to the first appointment. It is your responsibility to notify the receptionist of any change in your insurance coverage. Payments of Cash, Check, Money Order, Visa/MasterCard or American Express are accepted. If payment cannot be made at the time of service, prior arrangements must be made with the Practice Manager of the Care Center. A \$25 fee will be charged for each check or ACH transaction that is returned due to insufficient funds.

Health Insurance

Sierra Vista Internal Medicine, PLLC has made arrangements with many insurers and/or health care plans to accept assignment of benefits. We will bill those plans for which we have an agreement. In accordance with these plans, patients are required to pay the co-payment at the time of service. If the designated co-payment is not paid at the time of appointment check-in, the appointment will be rescheduled until such time the patient is able to pay the co-payment. Patients may also be held responsible for contractual deductibles, out-of-pocket expenses, non-covered services and coinsurance under the terms of their insurance contract. Since this is a contract between the patient and the insurance company, the patient is responsible for the timely payment of the account. We file insurance claims as a courtesy to our patients; however, you are responsible for the timely payment on your account. If your insurance company has not paid the full balance within 60 days, you will have 15 days to pay the balance. Be advised that past due balances could affect scheduling of appointments, processing of prescription refills and other similar requests. Be advised we will not file claims for any third party insurance (ie. motor vehicle insurance, workers compensation insurance, commercial liability insurance). Patients will be required to pay cash for services received at the time of service, and be responsible to file any reimbursement claims with the corresponding third party insurance company.

Self Pay [No Insurance]

All patients who are self-pay are eligible for a 25% cash discount if payment is made at the time of service. Patients must pay in full at the time of service to receive this discount. Self-pay patients must pay their account in full within 30 days.

No Show Appointments

It is very disruptive to the physician's office when a patient doesn't show up for a scheduled appointment. Time is lost that could have been used to see and treat other patients. This office has a "24 HOUR PRIOR NOTICE" Policy for cancelling or rescheduling an established appointment. There is a charge, at the physician's discretion, for repeat missed appointments. Prospective patients who do not reschedule missed appointments within a reasonable time period must complete new forms. Along with a bill for the missed appointment, you may be released from the care of this provider.

**Thank you for understanding the Sierra Vista Internal Medicine, PLLC policy.
Please advise if there are any questions or concerns regarding this policy.**

Patient/Guardian Signature: _____ Date: _____