ARIZONA EYE CONSULTANTS

Patient Financial Agreement

Arizona Eye Consultants is committed to serving out patients with professionalism and caring. We ask the same from you. This includes:

- Arriving on time for your appointment and calling to cancel an appointment if you are unable to attend your scheduled appointment.
- Financial responsibility, presenting your current identification and insurance cards and providing accurate and complete information concerning your primary and/or secondary, tertiary insurance, medical benefits as well as any referral documents from other providers.
- All co-payments, co-insurance, deductibles, and any balances from prior visits are due at the time of service with cash, check or credit card. Payment arrangements if able can be made by our business office.
- Please call your insurance company if you have any questions regarding your co-payment, co-insurance or deductibles on a test(s) that Arizona Eye Consultants may have ordered outside of our facility, such as radiology, laboratory, pathology, etc.

Arizona Eye Consultants will not assume financial responsibility for services rendered that may require prior authorization or prior approval from the patient's insurance company or referral from Primary Care physician.

If you are having surgery:

- Please note that surgical fees associated with a hospital or outpatient surgical center are billed separately by a separate entity for services outside or clinic. **These fees are due one week before surgery.**
- You are responsible for knowing which facility you are required to use per your insurance. If you aren't sure, please talk to your insurance member services or one of our staff prior to scheduling.

Patient Acknowledgement

I agree that I am fully informed and aware of my financial agreement with Arizona Eye Consultants. I also have read and understand the following:

1. A $25.00 fee will be charged to my account for any returned checks.
2. I am financially responsible for any non-covered and/or denied charges incurred on my behalf, and that it is my responsibility to know my insurance coverage.
3. I will be responsible for any missed appointments for canceled appointments in which a 24-hour notice was not given. **There will be a $25.00 fee for any missed office visits and $100.00 for any missed surgery procedures including in office lasers.**
4. Dr. Bixenman only- missed appointments will be subject to $100.00 cancelation fee due to limited availability for his specialty.
5. There will be a **30% finance charge for all balances over 90 days**. My account must be paid in full prior to scheduling any further appointments.
6. A copy of this agreement may be used in place of the original.

I also acknowledge the following:

- I request that Arizona Eye Consultants file claims on my behalf to the insurance company(ies) listed on file for any services furnished to me by a physician or employee of Arizona Eye Consultants. I authorize Arizona Eye Consultants to release my information to my insurance company(ies) and its agents any information needed to determine those benefits payable for related services.
- I am personally responsible for any portion of my bill not paid by my insurance company, including c-payments, co-insurance, deductibles, or any other reason for payment denial stated by my insurance. I understand that it is my responsibility to resolve disputes regarding overpayment with my insurance company.
- Failure to comply with the above-said agreements will result in any unpaid financial responsibility being turned over to a collection agency.
- For Medicare Patients: If Arizona Eye Consultants believes that Medicare will not pay for all or part of a requested service, I will be asked to sign an Advanced Beneficiary Notice (ABN) signifying that I understand Medicare may or may not pay and that I am personally responsible for the changes. If Medicare pays in part, I agree to be responsible for my portion of the deductible and coinsurance not covered by Medicare.

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Patient Name:

_____ _____

Patient Signature or Legal Representative Date