Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine
PIMA LUNG & SLEEP, PC
AMITAB PURI, MD, FCCP, DABSM

FINANCIAL POLICY AGREEMENT

5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

WELCOME TO PIMA LUNG & SLEEP, PC.

We are pleased that you have chosen us as your specialist provider. Our mission is to provide you with the highest level of professional medical care with the highest degree of patient satisfaction. One important aspect of optimal patient care is to have an agreement as to financial responsibility to avoid any misunderstandings and to ensure timely payment for services.

Payment is required at the time services are provided unless other arrangements have been made in advance. We accept cash, personal in-state checks, and VISA, MasterCard, Discover and American Express credit cards. There is a $40.00 service charge for returned checks.

INSURANCE

We participate in most managed care plans and will bill your insurance plan as may be necessary. If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangement have been made in advance. We may be able to bill your plan as a courtesy to you and credit your account if we receive any additional payment. Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures is your responsibility; please contact customer service at your insurance company for questions you may have regarding your coverage. You are responsible for any charges not covered by your plan.

- **PROOF OF INSURANCE.** All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to time of service. Insurance denials for termination of coverage will be automatically billed to you.
- **CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES.** All co-payments and unsatisfied deductibles must be paid at the time of service. By contractual law your insurance company requires us to charge for, and you to pay for, all required co-payments, co-insurances, deductible and non-covered services.
- **REFERRALS.** If your insurance plan requires a referral from your Primary Care Provider (PCP) for specialist services to be provided by our Practice, it is your responsibility to obtain the referral for the appropriate dates of service. Failure to obtain a valid referral for our services in advance may result in denial of coverage by your insurance company. The balance of charges due on those services will become your responsibility at the time of denial by the insurance company.
- **SELF-PAY.** Payment for all services rendered is due at the time of service, unless other payment arrangements have been made in advance with Business Office.
- **SPECIAL SITUATIONS.** In situation of divorce, separation, court orders etc.; the party initiating treatment will financially responsible. This includes No Shows & late cancellations.

ADMINISTRATIVE SERVICES, CHARGES AND PATIENT RESPONSIBILITIES

Our Practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in your area.

MISSED CLINIC APPOINTMENTS.

- No Show CLINIC appointments represent not only a cost to us, but also an inability to provide services to other who could have been seen in the time set aside for you. We require 24 hours' notice of cancellation to avoid a $50 cancellation fee for a New Patient appointment and $40 for a Follow-up appointment.

SLEEP STUDY APPOINTMENTS.

- If you DO NOT SHOW UP for your Sleep Study appointment a fee of $450.00 will be billed to you and you will be personally responsible for that fine. Your insurance company does not cover these costs if you NO-SHOW your scheduled Sleep Study.

- If you cancel in less than 2 days in advance of the scheduled Sleep Study, a fee of $350.00 will be billed to you and you will be personally responsible for that fine. Your insurance company does not cover these costs.

MEDICAL RECORDS. Our Practice requires a written request for the release of medical records. The administrative fee associated with retrieving and copying medical records is $25 for Patients ONLY. For MR payment we only accept CASH, Money Order, Credit/Debit Card or Cashier's Check.

I have read and I understand Pima Lung & Sleep, PC financial policies and I accept responsibility for the payment of any fees associated with my care.

_____ _____

Patient Signature *Date*

_____ _____

Witness Signature *Date*

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment of medical benefits and sleep study, including medical benefits to which I am entitled to Pima Lung & Sleep, PC. This is a DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS. This authorization will remain in effect until cancelled by me in writing. A copy of this authorization is as valid as the original document.

I hereby authorize the release of any medical information necessary to in order to obtain payment and I understand that I am financially responsible for all charges, late fees, interest, attorney fees and collection charges considered patient responsibility by my insurance company. I understand that if I am not insured I am responsible for the charges of all services provided to me.

I have read and I understand Pima Lung & Sleep, PC financial policies and I accept responsibility for the payment of any fees associated with my care.

_____ _____

Patient Signature *Date*

_____ _____

Witness Signature *Date*