



# SAGUARO SURGICAL, P.C.

Vascular and General Surgery

## SAGUARO SURGICAL FINANCIAL POLICY

**Thank you** for choosing Saguaro Surgical, P.C. for your surgical needs. The physicians and staff are committed to providing you with the highest quality of care. This following financial policy is in place to assist you with any questions you may have regarding your financial obligation to this practice. We ask that you please review and confirm with your signature below. All billing is completed as a courtesy to our patients on behalf of their health insurance provider. Patients are financial responsible for all medical services.

### INSURANCE

Although we are participants of many insurance companies, it is ultimately your responsibility to confirm that Saguaro Surgical, P.C., or your individual doctor, is in fact a provider for your particular insurance. We will submit a claim for payment for your services to your insurance as a courtesy, but you are responsible for any copays or deductibles not covered by your insurance. These are collected at time of service. If you are billed for any balance, payment is required within 30 days of receipt of a bill. Secondary insurance claims are filed as a courtesy, and become the responsibility of the patient if payment is not received within 60 days of filing a claim. It is your responsibility to be aware of your benefits with your insurance. If your insurance information, copay, or coverage has changed at any time during your treatment, it is your responsibility to notify the office with the most current and up-to-date information.

### PATIENT RESPONSIBILITY

Copays and deductibles are due prior to being seen. If you require a bill sent to you for your copay, a \$10.00 processing fee will be added to your balance. It is your responsibility to provide us with any referral required from your insurance. Any service deemed “non-covered” by your insurance will be your responsibility. If you do not have insurance, or we are not contracted with your particular insurance, you will be required to pay for services prior to receiving them. “Self-pay” accounts are given a 30% discount, which is due prior to any services. NO payment arrangements are made for these accounts. If a circumstance arises where payment arrangements are made, the discount will be taken after all payments are received. If you fail to adhere to your payment agreement, your full balance will be assigned to a collection agency. If your account is referred to a collection agency, you will be responsible for all costs.

### PAYMENT METHODS

For your convenience, acceptable forms of payments are; cash, check, money order, VISA, MasterCard, American Express, or Debit cards. Please note: if a personal check is returned for insufficient funds, there will be a \$25.00 fee added to your account.

### BILLING INQUIRIES

If you have any questions regarding a bill you received from our office, please feel free to contact our Business Office at (520) 318-3004. Our office hours are 8:00am – 5:00pm.

Thank you for allowing Saguaro Surgical, P.C. to be an important part of your medical care. For any further questions or concerns our staff is available to assist you.

### ACKNOWLEDGEMENT AND AUTHORIZATION

I have read, and understand, and agree to the above financial policy. Regardless of my insurance status, I am ultimately responsible for payment for any professional services rendered. I authorize the release of any medical information necessary to process a claim for benefits under my policy and assign payment to Saguaro Surgical, P.C.

Signature \_\_\_\_\_ Date \_\_\_\_\_