FINANCIAL POLICY

SARA
Southern Arizona Radiology Associates

Welcome to Southern Arizona Rad Associates. We are committed to providing you with quality and affordable health care. Please read these policies and feel free to ask us any questions you may have. The billing office may be reached at 520-459-5227 option 8 Monday - Friday 8:00am till 5:00pm.

Financial Responsibility:
It is important for you to understand that you, the patient, are ultimately responsible for payment of medical services you have received. Remember it is your responsibility to understand your coverage and to verify what your insurance plan will pay as well as if we are considered in network with your plan. We cannot guarantee that your insurance carrier will pay all or even part of your claim. Please be aware that the balance of your claim is your responsibility. Cash, personal check or credit cards are accepted methods of payment.

Proof of Insurance:
All patients must complete our patient information form. We must obtain a copy of your driver's license and current, valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information at each visit you may be responsible for the balance of the claim.

Co-payments, Deductibles and Coinsurance:
All co-payments, deductibles and coinsurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to collect co-payments, deductibles and coinsurances from patients can be considered a breach of contract and may result in rescheduling or cancellation of your appointment. If you are experiencing financial difficulties and need to make special arrangements please contact our billing office at 520-459-5227 option 8 to see if you qualify PRIOR to your appointment.

Non-Covered Services:
Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered "reasonable" or "necessary" by your insurance. Keep in mind that medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary as part of your medical treatment. A medical benefit is something that your insurance plan has agreed to cover. In some cases, your medical provider might decide that you need medical care that is not covered by your insurance policy. It is your responsibility to understand the terms of your individual insurance plan and the services which are covered and are not covered and have limited coverage. You may be responsible for payment of any services considered non-covered by the insurance plan.

Self-pay (out of pocket):
You will be expected to pay in full at the time of service if; you do not have insurance, SARA does not participate with your health plan, you are unable to present a valid member identification card from your insurance carrier at your visit and/or we are unable to verify your insurance coverage. If you are unable to pay in full the day of your appointment, partial payment arrangements must be made in ADVANCE with the billing department before being seen and self pay rates will NOT be applied.

S A R A

SOUTHERN ARIZONA RADIOLOGY ASSOCIATES

FINANCIAL POLICY

Auto accidents:
All exams due to an auto accident will be set up as a Self-pay (see above). We will not bill your health insurance, third party responsible payer or accept any liens for services. Our billing office can provide you with claim information after the exam to provide to your insurance company upon request.

Work related injuries:
You are responsible for providing all accurate workman's compensation claim information to include but not limited to; name of the workman's compensation company, address and claims adjuster phone number. If a prior authorization is required for services and not obtained you will be held financially responsible for the claim.

Past Due Balances:
Any balance more than 30 days old will be considered past due. Once the balance is past due, payment will be required before your next visit to the office. Failure to make a payment on a past due balance before your next scheduled appointment may result in the cancellation of your appointment. Payment in full is due upon receipt of our statement. Accounts with remaining balances will be sent to an outside collection agency. If your account is turned over to an outside collection agency you will be responsible for any fees charged by the agency for collection purposes. Accounts that have unpaid balances could potentially impact your credit score.

No Show Policy:
All scheduled sonograms, mammograms and dexas not cancelled 24 hours prior, are subject to a $35 fee. All scheduled CT's and MRI's not cancelled 24 hours prior, are subject to $75 fee. All procedures to include biopsies and fluoroscopies not cancelled 24 hours prior, are subject to a $100 fee. If you are unable to keep an appointment or if you have any questions about your appointment please call 520-459-5227.

Returned Checks:
Check written at the time of your visit or mailed as a payment on an account balance that is returned by the bank will be assessed a $25 returned check charge. If the original check amount plus the returned check charge is not paid within 15 days your account will be considered for transfer to a collection agency, as well as the potential to not be permitted to pay via personal check in the future at our office.

Additional Services:
All specimens taken in our office will be sent to an outside provider for interpretation which may result in 3rd party charges.

By my signature on this page, I state that I understand and accept the conditions set about and consider them in force from the date of signing until revoked in writing.

Patient Name: _____ Patient Date of Birth:_____

_____ Date: _____
Patient signature (or legal guardian)