



Patient Financial Policy

Patient's Name: _____ Date of Birth: _____

Welcome to Northern Arizona Gastroenterology (NAG). Thank you very much for trusting the physicians at NAG with providing your medical treatment and care. We are truly committed to providing you with the best possible care. If you have insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and understanding of our policies.

Insurance and Payment Policy

All patients are expected to provide current insurance information before seeing the doctor. It is important to realize that your insurance is a contract between you and the insurance company. NAG is not a party to that contract. When services are received, the appropriate copayment, coinsurance, or uncovered portion of deductible is treated as due and payable. Any overpayment will be refunded in a timely manner.

With the insurance information you provide to our office, we will obtain prior authorization for your procedures. However, this authorization is *not a guarantee of payment* from your insurance company. It is advised that you contact your insurance company and notify them of your proposed treatment plan. Your deductible and/or expected out-of-pocket expense is due prior to procedures being performed.

If payment for medical services is not received in a timely manner your account will be referred to a collection agency. A 25% service fee will be added to the balance for the legal and administrative fees involved when collecting an unpaid bill. You will be responsible for payment directly to the collection agency.

No-Show/Cancellation Policy

It is the mission of NAG to provide excellent medical care to all of our patients. Time is reserved for your appointment or procedure and a great deal of preparation, on both your part and NAG's part, has gone into making your experience as pleasant as possible. When you cancel an office appointment within 2 business days of the scheduled time, or a procedure within 3 business days of the scheduled time, then it will be considered no-show. This is because other patients will not have an opportunity to take your appointment time. A fee of \$50 will be charged for an office visit no-show (\$25 for AHCCCS patients, per ARS 36-2930.01). A fee of \$100 will be charged for a procedure no-show (\$25 for AHCCCS patients, per ARS 36-2930.01). After two (2) no-shows, you will be discharged from NAG and will be asked to find another physician to continue your care.

By signing below, I acknowledge the following:

- I have read and understand the Patient Financial Policy
- I agree to the terms outlined in the Patient Financial Policy

Signature of Patient: _____ Date: _____