

AHWATUKEE



SPORTS & SPINE

**John M. Kozak, MD**  
**D. Scott Kreiner, MD**

**Financial Policy**

*Thank you for choosing Ahwatukee Sports & Spine as your health care provider. The following statement is our financial policy which we require you to read and sign prior to treatment.*

We accept assignment of Insurance benefits at the time of coverage. We accept certain letters of protection and, on occasion, patient liens for personal injury claims.

**WE CANNOT BILL YOUR INSURANCE COMPANY UNLESS FULL AND PRECISE BILLING INFORMATION IS PROVIDED BY YOU AT THE TIME OF SERVICE.** Every effort will be made on our part to obtain insurance information from you prior to the time of service. You are required to bring supporting documentation with you at the time of service. If you fail to bring this information, you may be required to pay at the time of service or reschedule.

**It is your responsibility to know your coverage and benefits and if we are a preferred or assigned provider of your plan.** Please be aware that some or all services provided may not be covered by your particular plan. Should your plan not cover all services, you will be billed for the services not covered.

If your plan requires a co-payment, has a deductible or percentage you must pay, this amount is due at the time of visit unless other arrangements are made with the business office.

If your insurance company has not paid your account in full within 120 days, you will be billed the balance. If you do not pay the entire balance within 30 days billing date, a late charge of \$25.00 will be assessed each month. Bills that are not paid within 90 days of the first billing will be transferred to an outside collection agency unless other arrangements have been made. **PLEASE DISCUSS ANY NEED FOR PAYMENT PLANS OR PROBLEMS WITH OUR OFFICE MANAGER PRIOR TO THE 90 DAYS. WE WILL MAKE EVERY EFFORT TO WORK WITH YOU.**

Failure to keep the account current will result in our being unable to provide additional medical services to you unless prepayment is made for services.

There is a \$25.00 service fee for checks returned for insufficient funds or closed accounts.

We accept cash, check or credit card.

Please notify us with at least 24 hours notice if you must cancel your appointment so that we may let another patient have your appointment time. If you do not provide at least 24 hours notice prior to a cancellation, or No-Show for your appointment, you will be billed \$25.00.

I HAVE READ AND AGREE TO THE ABOVE POLICY. I UNDERSTAND THAT REGARDLESS OF MY INSURANCE, I AM FINANCIALLY RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED BY AHWATUKEE SPORTS & SPINE. I AUTHORIZE RELEASE OF MY INFORMATION TO MY INSURANCE COMPANY FOR PAYMENT OF CLAIMS FOR SERVICES RENDERED. I ASSIGN ALL INSURANCE BENEFITS TO AHWATUKEE SPORTS & SPINE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE (IF MINOR)