



Welcome to Central Phoenix Obstetrics and Gynecology. We are pleased to meet you and excited to work with you in finding your perfect health! In order to help make your experiences with us as effective as possible, we have provided the following information. If you have any questions, please feel free to ask any member of our staff.

It is very important that you keep us up-to date on any changes to your personal information such as your address, telephone number, place of employment or insurance coverage.

While your personal medical care is our first concern and priority, finances and money management are a critical part of allowing us to be here for you. ***It is your responsibility to know your insurance status and health benefits.*** If we have a contract with your insurance company, we will bill them directly. If we do not have a contract with your insurance company, you will be responsible for the cost of your visit at the time that you are seen. It is important to note that even when you have health insurance coverage, not all of your services are covered. You should contact your insurance provider for a copy of your entire policy so you will be well informed and know what services you may need to pay for out-of-pocket. You may also be responsible for your deductible, co-insurance, and/or co-pay amounts. Co-pays are collected when you check in for your visit. Any other costs to you will be collected after we have contacted your insurance company and received the information from them.

If an account becomes past due more than 60 days, written notice will be sent to the responsible party (guarantor) at which time payment is expected in full. We work with our patients to help each one meet her financial responsibility. An account 90 days or more past due and/ or payment plans that are not kept current may be sent to a Collections Agency. Sending an account to collections automatically results in discharge from our practice in compliance with EMTALA regulations. There is a \$20 charge for all NSF returned checks.

Our office respects the right of adolescents to seek reproductive care without the consent of a parent. Adolescents seeking care are financially responsible for the cost of their care following the guidelines laid out above.

We make every effort to schedule our patients for the time that they prefer. Missed appointments may affect your care, and prevents us from scheduling care for a patient who is in need. Therefore, if you need to cancel your appointment, PLEASE contact this office at 602-288-0777, 24 hours or more in advance of your appointment so we have an opportunity to schedule another patient for that time. You can also cancel or change appointments by following the link on our website [www.centralphoenixobgyn.com](http://www.centralphoenixobgyn.com). At this time we cannot take 'walk-in' appointments with the exception of some acutely ill patients. If you have a problem that needs attention, call the office as soon as possible so we can arrange for you to be seen.

Because the care of every patient is important to us, those being seen in the office, as well as those calling the office, we triage all phone calls. A medical assistant will answer your call and try to assist you immediately. If she is not able to do so, your doctor will decide the urgency of your call and return your call in an appropriate time frame. Please keep in mind that your doctor has a full schedule of patients every day. You may call our Results Line for your lab results. If you need a prescription refilled, please call your pharmacy 48 hours before you need it. The pharmacy will contact us and we will respond to your request within 72 hours.

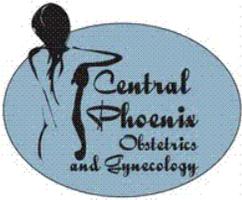
This is not a complete list of our policies but we hope it is a helpful guide to get you started. We look forward to partnering with you to meet your health care needs. Any member of our staff can help if you have more questions. Feel free to ask.

Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Date: \_\_\_\_\_



I hereby agree to pay for services rendered as and when charges are incurred, unless prior arrangement has been made with the billing office. I understand that I have the primary duty and obligation to pay my physician for services, notwithstanding any contract that I may have with any third party, (i.e. insurance company, employer, union, government, etc.). If my insurance plan requires prior authorization from my primary care physician or any other entity, I understand that is my responsibility to have my authorization at the time of my visit. Without this, charges incurred are my responsibility. I understand that I am responsible for any charges that are not a covered benefit of my insurance plan.

I hereby authorize Central Phoenix Ob-Gyn, to release any medical information necessary to process medical insurance claims. I hereby authorize payments directly to the providing physician.

I also agree that in the event of default, I am responsible to pay legal interest in the indebtedness, together with such collection costs and reasonable attorney's fees as may be required to effect collection of this account.

I understand that appointment times are valuable. Even though Central Phoenix Ob-Gyn routinely call patients to confirm appointments, this is done as a courtesy, and I am ultimately responsible for arriving promptly for my appointment. I have been notified that there is a \$50.00 charge for 'no-showing' for an office appointment without a 24-hour advance notice of cancellation and I have been notified that there is a \$150.00 charge for 'no-showing' for a scheduled surgery without a 48-hour advance notice of cancellation.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor signature if patient is a minor: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_

(A copy of the signature is valid as original)

I understand that any laboratory fees that result from treatment by my physician will be billed separately by the appropriate laboratory (we are not responsible for any uncovered lab bills). If my insurance requires special authorization or use of a particular facility, I understand that is my responsibility to see that arrangements are made to comply with my policy's provisions.

**PLEASE NOTE**

Your physician may perform stool blood screening tests as part of your annual examination. There is a small charge for this screening and not all insurance carriers cover the expense, including Medicare. If you have any questions regarding the tests, please feel free to discuss this with the doctor prior to examination.

Medical care is based upon mutual understanding and confidence. It is customary to pay for your visit before leaving our office, unless prior arrangements are made. We will assist you in every way with insurance questions, forms, problems, etc., but you, the patient, are responsible for your medical bills.