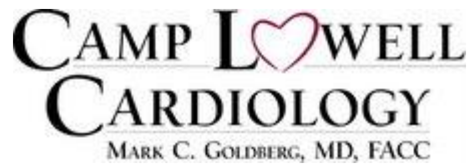

4790 East Camp Lowell Drive ● Tucson, AZ 85712 ● 520.319.5922

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to, and sign prior to any treatment.

Payment Responsibility. Since you are the individual seeking our medical services, you are responsible for payment of all charges associated with your visit. We accept cash, check, Visa or MasterCard as payments.

Missed Appointments. All scheduled appointments are necessary for you to keep whenever possible. If you do not appear for your appointment, your health may be at risk. In fairness to other patients and to the medical providers, we require at least 24 hours notice to cancel appointments. We reserve the right to charge a $25 fee for missed appointments.

Co-Payments. All co-payments are due at the time you arrive for your appointment. By law, no treatment will be provided without a co-payment when one is due.

Insurance Claims. Our office is automated to submit claims electronically to a number of insurance carriers, and we bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. If your insurance requires a referral or prior authorization, it is your responsibility to ensure that one is available to our office prior to or at the time of your service. Our office contracts with many insurance carriers. Please contact your insurance prior to your appointment to verify you are receiving care from a participating provider. All coinsurance amounts or deductibles not covered by an insurance plan are the financial responsibility of the patient and are due within 30 days. If your insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.

Collection of Fees. All patient balances are due and payable upon receipt of the billing statement. Delinquent accounts may be referred to a collection agency. In such cases, all associated collection fees as well as past due amounts are the responsibility of the patient.

Rebilling Fee. A rebilling fee of $10 per month may be charged on all open accounts over 30 days old, including accounts on a Payment Plan.

Payment Plan. A payment plan is available if the cost for your treatment, or your balance, exceeds $200. A down payment of 30% is due at the time of your visit. A minimum payment of $30 per month is due by the 15th of each month following the month of your visit until the account balance is cleared.

Returned Checks. A fee of $50 will be charged for each returned check.

Assignment of Insurance Benefits (Patients with insurance please read and sign below.)
I hereby assign all medical and/or surgical benefits to Camp Lowell Cardiology. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand I am financially responsible for all charges whether or not paid by my insurance. I understand that I am ultimately responsible for my own health care and follow-up appointments are important to my healthcare. I understand that I must assume the health consequences of missed follow-up care. I hereby authorize Camp Lowell Cardiology to release all information necessary to secure payment. I have read, understand, and agree to the above financial and health care policy for payment of professional fees. I understand that I, as the patient, am ultimately responsible for payment of all professional fees.

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Signature | Printed Name | Date